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ORIGINAL DEPARTMENT.

LECTURES.

Lectures on the Physiology of the Nervous System.

By J. Cheston Morris, M.D.

No. 2.

You will remember that, in the last lecture,* we considered the general arrangement of the nervous system in the various classes of the animal kingdom, and also the division into motor and sensory nerves and their ganglia. More especially was your attention drawn to this in the vertebrata, to which we shall now confine our remarks.

When we reflect on the nervous phenomena presented by man, we find that they may be grouped under three heads:—Thought, External Relation, and Organic Action. Corresponding with this we have a tripartite division of the nervous system into, first, the cerebrum—second, the cerebrellum, sensorium commune, pons varolii, medulla oblongata, (partly,) medull aspinalis and nerves distributed to muscles and surfaces—third, the sympathetic and medulla oblongata, (partly.) We propose taking these up in the order in which they have been named; but we must premise a few words on nervous action in general.

The simplest mode, in which this is manifested, is when an irritation is made upon a sentient surface, and transmitted thence by an afferent nerve to a centre or ganglion, whence a motor influence is sent by an efferent filament to a muscle which thereupon contracts. Such action is called reflex, and may take place with or without our cognizance, but is always independent, to a great extent, of the will. As will be seen, in considering the functions of external relation, there is good reason to suppose that, in all cases, the impression is first made upon a peripheral ganglion or nerve-cell, so that in fact the afferent nerve is only a commissure between the peripheral and central ganglia. But, as this is not demonstrated in the case of the sense of touch, I have contented myself with the more general expression of sentient surfaces.

Now, this apparently simple mode of action furnishes us with the key to the whole modus operandi of the nervous system. All that we have to do is to imagine these central ganglia to be so connected by commissures with each other, that an irritation communicated to one of them will be transmitted to others, and thus these others brought into consecutive or associated action. For example, an irritant is applied to a finger; the irritation of the peripheral ganglion is transmitted to the posterior horn of gray matter in the spinal cord, thence to the anterior horn, whence a motor influence emanates to the muscles of the fore-arm and arm, causing their contraction and the withdrawal of the finger from the source of irritation. This is reflex action. But at the same time the news of the irritation is also transmitted from the posterior horn to the great ganglia at the base of the brain, and we become conscious of the irritation; the cerebral ganglia are brought into action and determine what is best to be done, when a volition follows, and the appropriate ganglia send an order through the anterior columns of white matter to the ganglia in the anterior horns of the spinal cord, to bring the required muscles into play. We thus see that the whole of these nervous phenomena are but repetitions and combinations of reflex actions, resembling the higher processes of algebra, which are only combinations and applications of the lower.

Let us now attempt to localize, as far as we

* See Vol. V., p. 217—Dec. 1, 1860.

can, the functions of the different portions of the nervous system. Two modes of ascertaining these are open to us: the experiments which we can institute upon animals and those which nature institutes for us in various diseases. Of these, the former yield us generally more satisfactory results, as we can determine better the conditions and extent of the experiment. The great difficulty in either case is to get facts undistorted by preconceived ideas. More especially is this true of pathological cases, as will be readily admitted by any one who has attempted to unravel the sequence and causation of the various phenomena presented by a complicated case. There are so many organs involved, and their structures and functions are so variously affected, that but few can find their way through the "cretan maze."

Dalton tells us that, if the cerebral hemispheres of a pigeon are removed, the bird remains in a dull, apathetic state, but still manifests sensibility and consciousness—e. g., by looking round when a pistol is fired off in the room—but without manifesting any alarm; hence we infer that it has lost the power of reasoning upon the phenomena reported by the senses; in other words, that thought is the function of the cerebral hemispheres. Of course, I would not be understood to assert that there is no immaterial element inseparably involved in the operations of our intellect; but with that we have at present nothing to do. Our object, at present, is to comprehend the mechanism by which the soul acts, not to unfold its own laws.

Pathological phenomena bear us out, in great measure, in assigning the function of thought to the cerebral hemispheres; and we must remember, also, that, if the mind depends for its correct action on correct information received from without, disease of any afferent structure must, *pro tanto*, affect the proper performance of cerebral function.

Then, as to the second great division, the function of which is to place us in relation with the external world, it is obvious that this subject will bear division into the means by which the external world impresses us, and those by which we act upon surrounding objects. The avenues to our consciousness are five: smell, sight, hearing, taste, and touch. Under this last head I would include what has been called "general sensibility," the inappropriateness of which term I trust soon to make evident. Each of these senses takes cognizance of some special property or state of matter, and of that alone. The apparatus of vision transmits only the impression of light, and, when irritated by any other stimulus, still produces the sensation of light, and that alone, so long as it is capable of performing its function. So the odoriferous properties of bodies address themselves exclusively to the olfactory nerves; sapid substances only to the gustatory; sonorous vibrations are appreciated only by the auditory; while such properties of matter as density, etc., are perceived by the tactile nerves. Associated with the impressions derived from each of these sources are two remarkable conditions of consciousness, pleasure, and pain. These are placed by nature as sentinels or guards, intended to direct us in the pursuit or avoidance of things useful or hurtful to us; and it would be well for us if we listened to their warnings more carefully and frequently than we do. Pain especially should never be disregarded; it is always a symptom of "a screw loose somewhere," and our efforts should be directed at once to the rectification of the error.

In our next lecture we will consider the mechanism of sensation and motion more in detail.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M.D.,
Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 40.

Cervical Region.—This region is situated between the head and the trunk, and, considering the important structures which it contains, has always been regarded as among the most interesting surgical regions of the human body. All operative measures attempted here must proceed on accurate anatomical knowledge; without such, the surgeon can only cover himself with defeat and guilt. A rapid enumeration of some of the most important constituents will serve to give force to the above observations.

It contains a vocal and respiratory apparatus; large arterial blood-vessels, passing up from the heart to supply the head and upper extremities, the smallest wound of any one of which would prove rapidly fatal; large venous trunks, de-

scending to the centre of the circulation; nerves to the larynx, to the heart, lungs, etc.; nerves to the diaphragm to impart motion; nerves to the tongue for the same purpose, as well as that of sensation; nerves to the face to confer expression; nerves to the upper extremities: glands, some to pour saliva into the mouth, some as appendages to the lymphatic system, and others to play some imperfectly understood office in the fœtal economy, together with several important muscles. Add to this the fact that the apices of the pleural cones penetrate into the root of this region, and that all are crowded together into a compass so limited that one might almost span it with the hand, and we can have no difficulty in apprehending the magnitude of the task which the operator proposes to himself when the deep parts are to be entered.

It will be wise to consider briefly the remarkable variety in the conformation of this portion of the organism, principally as regards length and thickness. In some it is so short that the head appears to rest directly upon the shoulders. There are in such a corresponding shortening of the great vessels which pass up toward the cranium, bringing its contents, in a very marked degree, under the motor influence of the heart; hence persons of such a make are said to be exposed to headaches and apoplectic attacks, and experience tends to confirm the observation. There are others in which the neck, although not much diminished in length, attains great circumferential bulk. This indicates animal rather than intellectual qualities, though the coexistence of the two are not always incompatible; yet, if we seek for illustrations of the combination, I think it will be found in those whose intelligence partakes of boldness rather than accuracy. Others, again, are remarkable for very slender, delicate necks, and are apt to be victims of glandular enlargements of a scrofulous character. The last variety, which we shall specify, is that in which there is considerable length and moderate thickness. Such a conformation gives flexibility and grace to the part and to the movements of the head, and, when of fair complexion, amply justifies the figurative language of Solomon:—"Thy neck is as a tower of ivory." Constant reference is made to it in the sacred writings; sometimes as expressive of sentiments of tenderness and affection, as "He fell upon his neck and kissed him;" at others in allusion to its strength and use in lower animals, as, when employed to express obstinacy and willfulness, in passages like the following:—"A stiff-necked and rebellious people," "Hardened their necks," etc.; or where onerous and unnecessary duties are imposed upon persons, as "Putting a yoke upon the neck of the disciples," etc.

The first two varieties mentioned, will necessarily render all operations somewhat embarrassing, while the last conduce much to both certainty and celerity, if it is proper to employ the term celerity in connection with this region. Its many vital constituents and the contracted dimensions of the neck have rendered it the favorite locality for suicidal attempts, by rope or steel, as well as the elected spot, for Justice to apply her penal inflictions, whether by American hemp, the Spanish garotte, or the French guillotine. The accessibility of the great blood-vessels here also determines the method of preparing animals for the shambles.

A great diversity of opinion exists in regard to exposing the neck. Fashion, among the masses, has always exerted a more controlling influence in determining this point than any considerations of health. Still, even among professional men, there is a difference of sentiment. There is no reason, which I can discover, why the neck should be less protected than the chest. Both the larynx and trachea possess an organization quite as high and sensitive, if not more so, as that of the lungs. The necessity for clothing this part is greater in the female than the male. The latter possesses in the beard the defence intended by nature to be worn, and the relief which many persons subject to sore throats have experienced by ceasing to shave, amply testifies to its value in this respect.

The neck is somewhat flat posteriorly, the lateral and anterior portions together convex. Notwithstanding the powerful muscles behind, the head has a marked tendency to fall forward in both the young and aged. The position of the old man, so frequently depicted with chin resting upon the hands clasped over the top of a staff, is therefore appropriate, because it is perfectly natural. The neck should be studied in a state of moderate extension. Such a position is the one best adapted for operations; and, it should be remembered, any considerable alteration from this will materially modify all the relations of its constituents.

The first thing we propose is to carefully study the surface of this region. The most careless observer will not fail to notice the inequalities of

its surface. These are exceedingly nisigficant, and should be rigidly examined in connection with the relation sustained to the organs beneath. The whole region should be passed over with both the eyes and the fingers, for there are many things which cannot be seen, but may readily be detected by the sense of touch. These are all finger-boards by the way-side, directing to parts concealed from view; they form the index to the book whose leaves we are about to turn over. In females and children, the topographical features of the region are by no means so well pronounced as in adult males. The former generally possess a considerable amount of adipose substance, which gives rotundity to the parts.

The demarkation between the neck and trunk is well defined by the undulating line of the clavicles and top of the sternum. Between the two clavicles there is a depression nearly equal in extent to the width of the sternum, and which is caused by the angles of the upper piece of this bone, where they articulate with the former. rising higher than the intermediate portion. The articulation of the clavicle and sternum forms a prominent feature where the person is spare, and can always be felt even in the most obese, as a movable point, by placing a finger on the sternal end of the clavicle, and with the other hand acting upon the shoulder. This same clavicular line traced outward conducts to the summit of the shoulder, where the clavicle and acromion process of the scapula articulate, (*acromio-clavicular articulation.*)

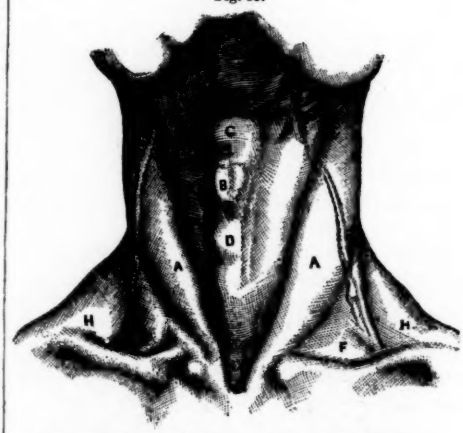
This well-defined boundary between the neck and thorax we may name the *cervico-thoracic line.* Its basis is the clavicle, which forms a prop of great functional importance between the shoulder and sternum, and is almost subcutaneous, having only interposed a few fibres of the platysma muscle of neck.

The import of these observations must be obvious. *First,* the exposed situation and connection of the clavicle with the upper extremity render this bone very liable to fracture. *Second,* the necessary approximation of the shoulder to the breast, when broken. *Third,* the importance of restoring the natural curves of the cervico-thoracic line in such accidents. Other points of referential value will appear after the dissection of the cervical contents, as the situation of the innominate artery beneath the sterno-clavicular junction on the right side. A little exterior to this junction, the commencement of the innominate veins, and near the middle the subclavian arteries. The separation of the face and neck is also well defined by the inferior border of the base angles and rami of the inferior maxillary bone, forming the (cervico-facial line.) This line is broken in its surface by a swell extending from the angle of the jaw some distance toward the chin, and formed by the masseter muscle. The anterior edge of this marks the situation of the facial artery, where it passes from the neck to the face. No such abrupt definition exists on the posterior surface of the neck, as it passes almost insensibly into the head and trunk.

We shall proceed to study the surface of the cervical region, in profile and front views.

In the first it forms a tolerably accurate square—its four sides consisting of the clavicle below, the base of the lower jaw above, the median line on the inside, and a ridge extending from the occipital bone toward the shoulder, formed by the inner edge of the trapesius muscle, on the outer side. (See fig. 35, letter h).*

Fig. 35.



a. Sterno-cleido mastoid ridge.
b. Thyroid prominence.
c. Hyoid prominence.
d. Cricoid prominence.
1. Thyro-hyoid space.
2. Crico-thyroid space.
e. Stylo maxillary ridge.
f. Supra-clavicular fossa.
h. Trapesius ridge.

This square is divided into two two triangular spaces by a diagonal ridge, (a,) formed by the sterno-cleido mastoid muscle, the direction of which is from the sterno-clavicular articulation to the mastoid part of the temporal bone. Usually this ridge will be seen to commence by two roots, having a depression between them. This reveals the double origin of the muscle. Along the anterior edge of this ridge, in the

* These illustrations are made by Mr. Siebold from nature, under the personal observation of Dr. Agnew.

same diagonal direction, course the carotid and internal jugular blood-vessels. Posterior to this muscular elevation, and just above the clavicle, is a deep fossa, (f,) the *supra clavicular fossa*, traversed by the subclavian artery, vein, and brachial plexus of nerves. Passing from the angle of the jaw toward the sterno-mastoid swell, a gentle prominence appears on the surface, (e,) and which may be felt by the fingers as a tense membrane. This is the stylo-maxillary ligament, separating two important regions, the carotid and sub-maxillary. From this line runs up a groove of some depth between the anterior edge of the sterno-mastoid swell, and the ramus of the jaw. It lodges part of the parotid gland, the carotid vessels, deep jugular vein, and several important nerves. Running from the angle of the jaw across the sterno-cleido mastoid ridge, and disappearing in the supra-clavicular fossa, is a cord-like elevation, the external jugular vein.

At the symphysis of the chin another swell may be noticed to commence, which passes downward and outward in a gentle curve, and gradually fading away at the stylo-maxillary ridge. This is the *digastric line*, formed by the anterior belly of the digastric muscle. Above this, between it and the jaw, is a little recess, (*submaxillary*,) which lodges the submaxillary gland and facial artery. Along the median line of the neck, which forms the inner boundary of the cervical square, project three elevations. The first (c) is the *hyoid*, formed by the hyoid bone; the second (b) is the *thyroid*, produced by the thyroid cartilage; the third (d) is the *cricoid*, made by the cricoid cartilage. If the finger be placed on the first, or hyoid, and carried outward and slightly upward, there will be discovered beneath the surface a hard body running off from it like an arm—the cornua or horn of the bone. Along its upper side, run two very important things—the *lingual* artery and *nerve*.

In the subjoined cut, (fig. 36,) there is presented a front view of the cervical region in a state of moderate extension. The letters correspond to the same points as in fig. 35.

In this view are seen the two origins of the sterno-mastoid muscles, with the interval existing between their divergence as they ascend to their mastoid attachments, enclosing a triangular space, the base of which is formed at the lower jaw, and the apex at the top of the sternum. Through the centre of this, as a perpendicular, and occupying the median line of the neck, run the larynx and trachea, the first projecting in bold relief, the last retiring from

Fig. 36.

the surface. Placed above and behind the larynx is the pharnyx, and behind the trachea is the æsophagus. The whole apparatus may be seen to rise and fall in the act of deglutition.

The first prominence below the chin (c) is the *hyoid;* the second and largest (b) is the thyroid. Between the two is a depression, (1,) *thyro-hyoid*, which, if penetrated sufficiently deep, opens into the pharynx. Below the thyroid is a third projection, (d,) the *cricoid*, between which and the thyroid is another depression, (2,) *crico-thyroid*, which cut through enters the larynx. It is in this space laryngotomy is performed. Below the cricoid (d) the surface recedes until it ends in a deep fossa, just above the sternum, between the heads of the two sterno-mastoid muscles, the *supra-sternal fossa*. The entire extent between the cricoid and top of the sternum may be called the *sterno-cricoid* space, and is traversed by the trachea, the rings of which may be felt through the superincumbent strata of tissues. It is in this situation that the operation of *tracheotomy* is performed.

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Liability for Medicines Furnished.—A law has lately been passed in Hesse-Darmstadt, the purpose of which many of our readers will undoubtedly endorse. It makes it obligatory on any apothecary to furnish to any person, belonging to that state, all medicines prescribed by a medical practitioner, even if he received no immediate payment for them. Should the account remain unpaid, the apothecary at the end of the year has a right of demanding payment from the town to which the debtor belongs, and any legal costs must be paid by the said township. This might amount to quite a respectable sum for some towns.—*Drug. Cir.*

Case of Encephaloid Cancer of the Head—Death—Autopsy.

By Joseph Pancoast, M.D.,
Professor of Anatomy in the Jefferson Medical College.

Sproel,* a white female child of German parentage, five years old, died of encephaloid cancer of the head, March 11, 1861.

The engraving (fig. 1) was taken about six weeks prior to the decease of the child, when

Fig. 1.

it first came under the notice of Dr. Pancoast. The case strikingly exemplifies the rapid and destructive character of this peculiar form of children's cancer, which is seen so often involving the periosteum, and especially that in the region of the orbit. The child was first brought under the notice of a physician about seven months prior to its death. The tumor was then, by his report, about the size of a walnut, seated on the periosteum an inch behind the external angular process of the left orbit. The mother had observed, four or five months previously, a small lump in this region, which she thought was occasioned by a contusion from a fall on the side of the head some months before. The child retained a gross appetite and remained fat and well nourished to the last. It was disposed to sleep a great deal; was extremely fretful, with a tremulous agitation of all its limbs, somewhat like the paralysis agitans of old people. But in the arm and leg, of the side opposite to the tumor, the tremulousness was greatest, and the muscular weakness most marked. The child was, however, able to stand and even walk a little till within two days of its death. It had latterly lost the sight of the left eye; it had at no time convulsions, and death seemed gradually brought on as the end of a comatose sleep.

Autopsy made by Dr. G. L. Pancoast, Dr. Nottman, and Mr. Brainard.

Skin unbroken over the tumor, and no apparent tendency to ulceration; but near the ear the tumor was soft to pressure.

On opening the head, there was noticed no inflammation of the membranes of the brain or of the brain itself. The blood-vessels were, however, much congested. There was about four ounces of water in the ventricles, which may have been the immediate cause of death.

The dura mater on its inner surface was free and smooth, except at a point a little above and in front of the petrous portion of the temporal bone, where it had yielded and allowed an irregular lobular mass of the tumor, the size of a hen's egg, to project in upon the brain, close up to and almost in contact with the corpus striatum of that side. The pia mater was pressed before the tumor, so as to line the cavity in which it was lodged like the walls of cyst. This tumor, with its intercerebral projection, is seen in fig. 2.

The external pericranium, which seemed to have been the origin of the disease, the tempo-

Fig. 2.

ral muscle, and a part of the squamous, frontal, and parietal bones, were lost by a sort of metamorphosis in the tumor. The bone seemed rarified and expanded, so as to be recognizable only as thin plates and spiculæ scattered throughout the mass. The tumor had made its way through the bones, and was firmly adherent by a broad surface to the outer part of the dura mater, piercing it, however, only at

* For this dissection and report we are indebted to Dr. G. L. Pancoast.—Eds.

one point, as above mentioned (2 fig. 2.) The portion of the tumor inside the cranium, between the bones and dura mater, to each of which it was firmly attached, occupied the position of the middle and anterior lobes of the brain, which were pushed to the opposite side. The disease had extended also to the periosteum of the orbit, and formed a considerable tumor at the upper and back part of the orbit, which caused the eyeball to protrude slightly, had destroyed the sight of that eye, and produced ptosis.

Talipes Varus Duplex Congenitus, of the Third Degree, with a Case.

By Jno. B. Brown, M.D.,
Of Boston, Mass.
Late Surgeon and afterward Consulting Surgeon of the Massachusetts General Hospital, etc.

The case of malformation, which I take the liberty to forward for insertion in your valuable and scientific journal, is that of a lad, five years of age, from the region of the White Mountains, (N. H.) His father, a farmer, lives at the foot of Mount Washington, and is blessed with twelve living children, all healthy and symmetrical but this lad, and he was born perfect, except his feet; these were extremely deformed. Seldom are feet more so. His father was never able to procure shoes which he could wear, and he never had one on. He walked on the cuboid and external cuneiform bones, where large bursal cushions had formed, which, when much walked on, became inflamed and painful. The soles of both feet looked backward and obliquely outward, forming acute angles with the lower legs, the tibialis anticus being much shortened, and the tibia and fibula at the same time twisted inward.

Fig. 1.

This lad came under treatment October 24th, 1860. Ether was inhaled, which operated very happily, and he was soon under its influence. The following tendons were then divided with an extremely small tenotome, viz: tendo-Achillis, tibialis anticus, and posticus; abductor pollicis pedis, flexor longus digitorum pedis, profundus perforans, and the plantar fascia.

Fig. 2.

Buckminster Brown, M.D., assisted.

The treatment was then, as usual, mechanical, with daily manipulations. My apparatus was applied immediately, which is my usual practice, as I think the foot is easier for being supported and kept free from motion.

This apparatus consists of a foot-board, with a ratchet in its centre and an upright of steel, which in this case (being talipes-varus) was applied on the outside of the leg, with a spring-pad resting against the external malleolus. In talipes valgus, the upright is applied on the inside of the leg, with the spring-pad resting against the internal malleolus; i. e., the apparatus which was made for the right foot is applied to the left, and vice versa.

This apparatus has three ratchets; one I have mentioned in the center of the foot-board. This is to turn the foot out. The other two are on the steel-upright; one of them turns the ankle *in* and the other brings down the heel and brings up the foot; that is to say, it gives motion to the ankle-joint by producing flexion and extension.

The ratchets are turned with a key, and the instrument operates equally well for every variety of club-foot, only the movements are reversed. This apparatus was changed several times during the treatment of this lad, which is my custom, as it gives relief to the foot. When an apparatus becomes uncomfortable, or I perceive any redness, I change it for one that bears differently, but has the same effect in improving the foot.

In about twelve weeks, his feet being quite perfect, I put on boots with a slight side spring and pad to steady the ankle. In the course of forty-eight hours, he walked with great ease to himself and quite naturally, turning his feet out as much as desirable and having free use of the ankle-joint. There has been no second operation—no tendon has been divided a second time in this case. He has worn his boots now about two months every day. The feet have shown no tendency to relapse or incline inward. When he walks he turns his feet out as much as is graceful, and no one would suspect he was ever lame. I usually recommend to my patients, after I consider them as cured, to wear a night boot, which is made for the purpose, and is not very unlike Scarpa's shoe. These they wear every night, and their common boots during the day, for six or eight weeks.

Fig. 3.

These feet were what Prof. Mütter would have denominated of the third or worst degree, and, although the result is what my experience

Fig. 4.

has taught me to expect in similar cases, yet, from the remarkable degree of deformity at first exhibited, it is probable the history of the case may possess interest for your readers.

Explanation of Cuts.—Figs. 1 and 2 represent the feet before treatment; figs. 3 and 4 represent the feet after treatment.

Application of Adhesive Strips to Fracture of the Clavicle and to Accidental Division of the Tendo-Achillis.

By H. Culbertson, M.D.,

Of Zanesville, Ohio.

In July, 1858, we called to see Mrs. Jane B., aged fifty-three, whose drunken husband had knocked her down, causing her to strike the shoulder of the affected side, and producing an oblique fracture of the middle of the clavicle. I dressed it with the pad, ring, roller, and sling, but as this dressing gave her much pain, it occurred to me that it might be dressed with adhesive plaster, which, after considerable experimenting, was done, as follows:

A broad strip of plaster was cut ten inches wide, and long enough to reach from within two inches of the posterior border of the scapula, around under the arm to the nipple. This strip was then cut into three tails to within three inches of the end. The uncut end was then narrowed to about four inches in width, warmed, and folded down over a piece of stiff whalebone, which was secured by stiching. To each end of the whalebone and to the middle, strong cords were tied securely. The plaster was then warmed and applied to the *sound side*, upon the scapula, one tail passing over the shoulder and clavicle in front down the same side of the chest; the other two passing under the arm and obliquely down the side of the chest. This is the counter-extending band. Three strips of plaster, each three inches wide, and as long as the other band, were then cut; one end of each was folded down upon a cord and secured by stiching. These were the extending-bands, and were placed upon the injured side, thus: One over the middle of the clavicle extending down in front outside the nipple to the side of the chest, the cord end passing back over the superior angle of the scapula, but reaching no further than the posterior border of the scapula. The second was applied, commencing behind, from the middle of the scapula, in an oblique direction, upward, outward, and forward to the point of the acromion process, then the anterior portion of this strip was split longitudinally, and the long ends applied upon the anterior face of the arm nearly to the elbow. The other strip was applied upon the middle of the scapula, and passed obliquely downward and outward under the axilla, and extended down the side of the chest a few inches. The first cord was

then tied to the lower cord of the opposite side, the second to the middle one, and the lower to the upper of the opposite side.

By this plan the shoulders were made to approach each other behind, and one indication of cure fulfilled, by keeping the shoulder of the injured side back. The other requirements were met by the pad, the roller, and the sling.

Fig. 1.

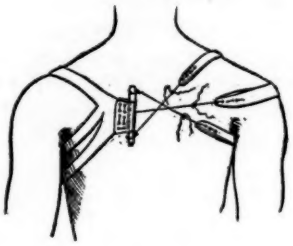
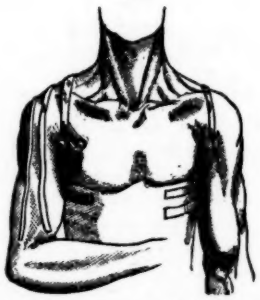


Fig. 2.



Of this dressing the patient did not complain, and by it she recovered with a firm union, and less irregularity than is generally observed in this fracture. Since that date we have thus treated two other of these fractures, one transverse, the other oblique, with equal success.

If the plasters slip, which will be the case in warm weather, the strips are taken up behind every day, if necessary. The strips on the affected side should be taken off once a week, and the surface well bathed with a strong solution of tannic acid. The cords should be prevented from pressing upon the back by proper padding. If I cannot see the patient daily, some member of the family is directed to tie the cords tighter as they become loosened.

The advantages of this plan, we think, are:

1. The dressing is less irksome to the patient, and it does not excoriate the parts in front of and behind the axilla.

2. The shoulder is brought directly backward by the middle plaster, whereas, by the usual dressing, much of the force is lost by the power being applied nearer the middle of the clavicle, and consequently not at the distal end of the lever.

3. The clavicle is held down at the seat of fracture by the upper bend.

Application to Division of Tendo-Achillis.—The external wound being dressed, a broad strip of plaster is applied to the whole sole of the foot, and several narrow bands passed transversely around the foot to assist in securing the plaster to the plantar surface. Above the heel the plaster is folded upon itself, inclosing a strong cord, which passes up behind the leg to the knee through a broad band of plaster, which encircles the thigh just above the knee. The leg is then bandaged, flexed to a right angle, the foot straightened upon the leg, and the cord drawn tight and tied. This dressing we have used once, but with entire success and great comfort to the patient.

Coloboma Iridis Traumaticum—Iridoschisma.

By R. H. Johnson, M.D.,
Of Cincinnati, Ohio.

Congenital fissure of the iris is a form of coloboma frequently observed, in which it is held that there is a loss of the congenital substance of the iris. Treating of this variety, Desmarres, Vol. II., Art. 3, p. 459: Coloboma, (Iridoschisma, division congénital de l' iris,) observes, that M. Walthen, of Munich, has given this name to a viscous conformation of the iris already observed by Albinus, and is quite similar in its origin and form to the hare lip, (bec-de-lièvre.) In that disease the iris is lacking ordinarily, toward its inferior part, and seems to have been excised vertically in that part. However, M. Ammon, who has most frequently seen the vertical coloboma downward, has observed a few cases more or less oblique inward and outward, and others horizontally placed in one or the other of the two last directions. The coloboma of the iris, of which I cannot make out the origin, is rather obscure. Researches by Ammon, Seiler, Arnold, Heifilder, Wagner, Gescheidt, seem to show that it is a loss of the congenital substance, of form nearly triangular, the base of which is toward the pupil, with which it is connected, and the summit loses itself in the ciliary muscle.

The following case of traumatic fissure of the iris is remarkable for its similarity of conformation with the congenital form, as described by Desmarres from Ammon, who has frequently seen the coloboma downward.

A little daughter of Mr. T. Noel, of Memphis, Tennessee, had plunged the sharp-pointed blade of a pair of scissors into the globe of the left eye, the instrument having a left vertical entrance through the cornea and iris, within a line of the sclerotic margin. I first saw the eye September 8th, 1856, three weeks after the injury. The inner margin or pupillary edge of the iris was mysteriously caught by the point of the scissors-blade and drawn into the wound, from which it did not become released on removing the blade. The result was coloboma iridis, having an outward and downward obliquity from base to summit; in angularity about thirty degrees, the base in the pupil and the inverted summit at the point of entrance of the instrument. The fissure was clearly defined, narrowing by regular gradation to a fine point near the ciliary circumference of the iris, and of the corneal circumference of the sclerotic, terminating in a cul-de-sac of cornea, the size of a large pin head; lucid, and so delicate, it could not have been formed of more than one lamina of that membrane, the aqueous humor pressing it outward, forming an obstruction to the free closure of the lids, and appearing as if the slightest touch would burst it and discharge the contents of the globe.

But little vascular excitement had followed the injury, as I learned from the father, and there was no loss or diminution of vision, but he had brought her to me on account of obstruction to the free motion of the lids. From the length of time elapsed since the injury, there was no hope of freeing the strangulated pupillary edge of the iris; this should have been done within the first hour or two after the injury. All that could be done, now, was to remove the cul-de-sac. This was accomplished by a compress of chamois skin upon the closed lids, and a bandage around the head, with gentle pressure. The sac was completely reduced in a week, and in a fortnight no trace of it could be discovered.

In the congenital form the loss of substance of the iris is the fault of nature—so to speak. In the traumatic case before us the loss of substance of the iris was by its pupillary edge being carried into the wound, whence it could not be dislodged. But how are we to account for the pupillary edge of the iris being involved in the wound and strangulated? Was the iris instantaneously dilated by the shock the moment the blade penetrated the cornea, and to so great extent as to form, for an instant, a zone, sufficiently narrow for the point of the instrument to engage the pupillary rim and carry it into the wound?

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SURGICAL DEPARTMENT.

Service of Dr. Hewson.

March 6.

MILK LEG OR PHLEGMASIA ALBA DOLENS, FOLLOWING FRACTURE.

Timothy Ferlan, fifty-one years of age, seven weeks previous, had broken his leg at the ankle. There was a good deal of swelling, some contusion, though not a great deal. Nothing untoward occurred during the treatment, and the case progressed very satisfactorily; on the 20th ult. it was proposed to allow him to get up, but it was then found that his leg was beginning to swell. The swelling began at the thigh, just below the groin; it was preceded by a rigor. Since then he had pain, the pain being in the inside of the thigh and at the knee. The limb is very much enlarged, but not so much as when Dr. Hewson first saw it, having yielded somewhat to treatment. It was pale, as the patient's whole surface was—his pulse was frequent.

Phlegmasia alba dolens, called *milk-leg* by Puzos, occurs often in nursing females. Puzos considered it a result of the metastasis of the milk to the leg, for when the leg in these cases would be punctured, there would exude a milky fluid, or yellowish serum, which would coagulate. It is different in this from the effusion of an ordinary œdema or Bright's disease, or anasarca.

The limb is very hard, has a peculiar elastic feeling, and the skin is smooth and glistening. In this case the limb is redder than it was before, in consequence of the frictions which have been applied. It was white, swollen, tense, and painful.

There is often an increased sensitiveness in these cases, and loss of power, partial paralysis and diminution of sensibility; this you do not have in the swelling of Bright's disease—they are present here.

Dr. Davis noticed in post mortem that there was in milk leg a crural phlebitis—inflammation of the crural veins. This gave rise to a

notion that milk leg is due to crural phlebitis, but it has been shown that it may and does occur without any crural phlebitis, and therefore this attendant accident is a coincidence, and not an essential part of the disease.

Dr. Mackenzie, of Edinburgh, has tried to prove that crural phlebitis could not produce the accident of this disease by actual experiments upon the crural veins of some of the lower animals, which he irritated on their internal surface with nitrate of silver in solution. Phlebitis followed after closing the wound, and some œdema of the leg, but not the peculiar elastic œdema, nor did it show itself in the thigh first. Then he undertook to investigate the matter still further, and he injected lactic acid into the veins of the animal, and closing the wound, phlebitis followed, accompanied with the elastic œdema of the thigh and leg; in other words, he succeeded in producing true *phlegmasia alba dolens*.

He has therefore inferred, from these experiments, that the presence of lactic acid in the blood, or of a blood poison, is the true cause of this disease.

Now, *lactic acid*, *creatine*, and *creatinine* are chemical ingredients of flesh, and in being eliminated by the kidneys undergo various transformations, being finally converted into *urea* and *uric acid:* so that where there is much destructive process going on in the flesh of the body, as after pregnancy, in the reduction of the hypertrophied uterus and absorption into the system of a large quantity of broken-down muscular tissue, you will find lactic acid, creatine, and creatinine, invariably in the blood.

Now here is precisely the same condition in the patient before you, though from a different cause.

The man has received an injury, and there is following it in the process of cure absorption of a large quantity of broken-down tissue, which is thrown into the blood in too great quantity for the kidneys to eliminate, and, as a necessary consequence, you have the blood poisoned by these ingredients, for if the kidneys are not capable of throwing these poisonous ingredients from the venous blood out of the system, it becomes poisoned, and there is this phlegmasia alba dolens developed as a consequence.

Mackenzie found that when he threw lactic acid into the crural vein high up, he had crural phlebitis, but he proved that there must take place coagulation of the blood in the venous radicals, and not simply inflammation of the large vein, and that these poisonous ingredients in the blood favor this thrombosis, and occasion a strong disposition to coagulation of the venous blood, and that in this disease the radicals of the veins will be found filled with coagulated blood.

The patient has the left leg affected, and singularly enough this occurs in nine cases out of ten in the milk-leg of women. In this case, there was, however, a specific cause for the occurrence.

Why does it occur most frequently in the left leg? Probably because there is less activity in its circulation than there is in the circulation of the blood through the right limb.

Simpson's view is probably the correct one; that the effusion into the tissue is of corpuscular and fibrinous lymph.

The thigh does not pit on pressure, but at the ankle where the fracture was there is the ordinary effusion of serum which follows fracture, and of course there is pitting on pressure. The contrast between the two is therefore well marked.

In phlegmasia alba dolens, true milk-leg in the female, you will find also large excess of urates in the urine, and their blood has been found to contain a large excess of fibrine, which forms the buffy coat when such patients are bled.

So there will be a large excess of fibrin in this man's blood; then you are to recollect that the uric acid present in the urine is formed by transformation of creatine and creatinine in the vessels; by the action of alkalies the creatine is converted directly into urea and lactate of ammonia, and these may be eliminated through the kidneys in the form of uric acid; by the addition of carbonic acid and ammonia and oxygen, you have the creatinine, forming also uric acid, which excess of uric acid and urates show that there has been a large excess of creatine also thrown into the blood, and creatinine which has poisoned the blood.

Treatment.—If there is a mere crural phlebitis, it may be treated antiphlogistically, but such not being the case, the crural phlebitis being, as before remarked, merely concomitant, and not the essential part of the disease, the case requires a different plan of treatment.

There exists a blood poison which has given rise to the phlebitis; there is a material in the blood which favors its coagulation.

In patients who are recovering from fractures and other severe injuries, there is a large quantity of urea and salts of uric acid in the urine, and this man's urine is peculiar from a deposit of the salts of uric acid in it. There has been no minute examination, but it will be found to have a high specific gravity, for, as can be seen, it is loaded with uric acid and urate of ammonia.

A subsequent examination proved the existence of a large excess of urea in this case.

First of all the patient is purged with a mercurial, (Plummer's pill,) containing antimony and calomel as chief ingredients, which have the effect of acting not only on the alimentary canal, but also on the skin, in this manner eliminating some of the poison from the blood. Then a blister was applied over the crural vein which was affected, and then the limb was anointed with mercurial ointment.

We shall continue the treatment, and try

still more effectually to eliminate the poisons from the blood. There is a deficiency here of red corpuscles; to increase them we use iron, and in the form of the muriated tincture which has also a depurating influence through the kidneys, on the blood.

To diminish the amount of fibrin in the blood, we will employ aconite, which has also another influence, as well as that of eliminating fibrine from the blood. It diminishes the activity of the circulation.

We shall therefore give fifteen drops of the muriated tincture of iron, three times a day, and also four or five drops of the tincture of the root of aconite three times daily, continuing at the same time the mercurial inunction.

Under this treatment the patient improved rapidly, the mercurial ointment was omitted at the end of the third day of its use, also the aconite and the iron was then continued alone, until the man was discharged entirely cured at the end of thirteen days from the first appearance of the disease.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Pancoast.

February 27, 1861.

DISEASE OF THE LACHRYMAL APPARATUS.

There is a disease of the lachrymal sac, mainly of the nasal duct, which we call *fistula lachrymalis*, which name is one of the "opprobria chirurgicalorum."

We can manage this disease very well by the insertion of an ivory tube, of which the bony or earthy substance has been taken away by maceration in dilute muriatic acid

But this treatment is not available in young children like the present patient; for in children, where the lachrymal sac is involved, the disease is generally dependent on some disease of the eyelids, as of the Meibomian glands, or it is a scrofulous affection, in which the morbid matter secreted from the Meibomian glands becomes mixed with the tears, and is carried down the lachrymal sac into the nasal duct, which inflames and swells out, and produces a stricture in it.

In these cases the treatment is to apply some ointment, as zinc ointment, calomel ointment, or Turner's cerate, so as to cure the condition of the eye, which produces the trouble. A good ointment can be made by taking of red precipitate, about *two grains;* of unsalted butter, *two drachms;* of the strong extract of lead, *one drachm;* and of wine of opium, *one drachm.* Apply this ointment along the lid, and put some of it between the lower lid and the eyeball, and use a dilute caustic wash, and where there is an abscess puncture it, and allow the fluid to escape.

It is never necessary, in children, to introduce a tube or stylet.

TWO CASES OF CLUB FOOT—DIVISION OF THE SOLEUS MUSCLE IN ONE CASE; OF THE SOLEUS AND ANTERIOR TIBIAL TENDON IN THE OTHER.

The first case was one of club foot in the third degree: the foot turning inward, and the heel being drawn up—*talipes varus.* An attempt to straighten the foot showed that the gastrocnemius muscle was not made tense, therefore there was no necessity of cutting the common tendon. The *soleus* was divided subcutaneously, care being taken to avoid the posterior tibial artery, and the foot came straight.

The foot was subsequently placed in appropriate apparatus to maintain a normal position, and everything went on favorably.

The second case was in an infant not quite two months old.

Dr. Pancoast said that this was the worst case of club-foot that he had ever seen.

The long axes of the foot were parallel with the bones of the leg, so that, had the child walked, it would have been on the end of the tibia, with the whole ankle and the heel turned up. According to old methods of practice, this case would not have been susceptible of cure.

On attempting to straighten the leg, the gastrocnemius was found not to be implicated, being very flaccid, while the soleus was hard like a board; still the feet were so much out of place that it was impossible to straighten them, rendering the case one of those rare and exceptional ones in which it is necessary to divide the *anterior tibial tendon,* for which purpose a very delicate knife was passed under the skin, at a little distance from the position of the tendon, which was then pressed upon the blade, when it gave way, and the foot came round comparatively straight. The same course was pursued with the opposite limb. It was also found necessary to divide the soleus.

In addition to all this, there was a contraction of the plantar fascia, though no operation was performed for its cure, at that time.

The joints were perfectly dislocated in consequence of the great amount of contortion.

After the operation, adhesive straps were placed partly around the limb, so as not to produce strangulation by interfering with the circulation.

After the operation on each limb, the feet assumed their normal position, as far as the tarsal bones, which had been dislocated, would allow.

A bandage was applied to prevent swelling, bleeding, and excoriation. It should not be drawn too tightly about the ankle, for when the foot is in the extended position, the ankle has not so wide a girth as it has when the foot

is at right angles with the leg. It is, therefore, best, when we put a tight bandage around the leg, to put the foot in the flexed position, for if otherwise, and the bandage is applied tightly, when the patient walks there is a forcible flexion which, in the adult ankle, is increased three-fourths of an inch in its girth, and the bandage, of course, becomes that much tighter.

CLINICAL REMARKS ON HYDROCELE.

Hydrocele is a dropsy of the scrotum, an accumulation of water in the tunica vaginalis. This accumulation is dependent upon the destruction of the natural balance between the secretory and the absorbent powers of the serous membrane.

I believe that the serous membrane is nothing but the fusion of the common connecting cellular tissue; there is always some fluid in cellular tissue, and the cells of the tissue communicate with one another; when this cellular tissue is on the outside, secreting more fluid than it should, I believe that it leaks out through the flattened cells. If you take a sponge and press it down, the cells flatten, and you get a smooth surface, which represents the condition which the serous membrane seems to hold with regard to the flattened cells of the cellular tissue.

If the tendons of the peronei muscles, which have their bursæ mucosæ behind the external malleolus be turned away on the front part, they make new grooves lined by serous membrane, in which they play.

If, in an inflammation of a serous membrane, the two sides stick together, they change, as it were, into cellular tissue, so that you can perceive nothing of their original appearance. There is no doubt that the cause of dropsy in the scrotum is like that which produces general œdema or anasarca in the cells of the cellular tissue.

In the cure of this disease, after drawing off the fluid, I inject something to excite the adhesive inflammation I have spoken of. I generally keep the fluid I inject a long time in the sac, and if I find there is a tediousness in the cure, I employ acupuncturation.

I find by experience, that if I want to cure hydrocele, I must throw in my fluid and keep it until it passes through this membrane into the surrounding cellular tissue, and shut off the cells around the tunica vaginalis testis, which are disposed still to throw water into the cavity. I employ the fluid recommended by Martin and Velpeau, that is, *tincture of iodine*, and not Lugol's solution, which some employ because it makes a clear fluid, being a mixture of iodine and iodide of potassium, which does not always cure. But if I inject into the cavity of the scrotum the simple tincture, some of the iodine itself becomes precipitated, and the particles coming in contact with the serous membrane, produces its peculiar effects, and keeps up the irritation longer, while it cannot cause much local irritation, because it is soon absorbed and taken away.

I vary the strength of the fluid according to the age of the patient and the age of the hydrocele.

In the hydrocele of children it is rarely necessary to inject at all. In a young man I employ one part of the tincture of iodine to two of water, and in older men I make it half and half.

The question arises, "How long shall this tincture of iodine be retained in the cavity of the scrotum?" Some surgeons say until it produces pain; but sometimes the first shock of its entrance produces pain, so that this rule will not do; better wait awhile until the pain of the first shock subsides; it is simply the shock produced by the fluid coming in contact with the serous membrane, which was never before touched by any such foreign material. I would advise you to keep it in until there is decided pain, and in the majority of cases you will find the patients, when asked the seat of pain, to trace the course of the genito-crural nerve. When this is the case, you may suppose that the impression has been made strong enough to result in a radical cure, and the fluid may be withdrawn.

The genito-crural nerve sends eight or ten branches into the cellular tissue; sometimes the genital branch of the genito-crural nerve is deficient. In such cases the pain will be no indication, and it will be a safe rule to allow the fluid to remain ten or twelve minutes.

I have never known it to have been kept in too long; nor have I ever known sloughing to follow.

Lately, a professor of surgery, in Berlin, has injected chloroform. This is painful. and not to be compared in efficacy to iodine.

In tapping the bladder, both the trochar shaft and the trochar canula should be well dipped in some unguent, as sweet oil, because the iodine acts on the instrument, and if this precaution were not taken would contract the orifice, giving rise sometimes to pain on the withdrawal of the instrument.

After the orifice is closed you want to apply adhesive plaster, and therefore the hair should be shaved off about the middle of the hydrocele, where the puncture is to be made.

The testicle lies in the back part of the tumor. The trochar should be held in the palm of the hand and inclined downward; find out a place where there are no veins, and push in the instrument well up, and then let the fluid flow, which, if natural, is generally straw colored. Then press out the remaining fluid. Examine the condition of the testicle to ascertain whether it is perfectly healthy; make the patient cough to see if there is any hernia,

for sometimes a hernia co-exists with a hydrocele.

Let the injection distend the sac until it is as large as it was before the operation, and if there is any communication with the abdomen, have pressure made with the hand, or by a strong spring truss.

Distend the sac so that there shall be no plicæ or folds of the lining membrane, and hold it there until there shall be some permanent impression. If it fail to make an impression, I sometimes lacerate the walls of the membrane with the instrument, still retained in its cavity, so as to stimulate the cellular tissue.

Service of Dr. Gross.

March 6.

EPITHELIOMA ON THE LIP.

John McD., æt. thirty-nine years; married. Has a tumor on his lip of nine months' duration, which he alleges proceeded from a cut while being shaved.

The parts are remarkably red; on the left side of the lip more particularly involved, the mucous membrane of which is partially abraded, having been, most probably, removed by ulcerative action.

On the inner side of the lip the surface is a little rough and slightly ulcerated, and there is some degree of inflammation at one point. The skin is apparently intact, the superficial portion of it, however, feeling much like incipient carcinoma.

The man has no pain whatever, nor has he experienced any inconvenience from it other than its appearance. He thinks it is growing a little; his general health is good, and he is gaining flesh.

There would be some doubt as to the diagnosis did the swelling occupy the upper lip, for in that position cancer is a very uncommon affection.

There is occasionally induration of the upper lip from strumous disease, sometimes resulting from a syphilitic taint of the system, which very rarely occurs in the inferior lip.

The patient will be put on the use of some mild mercurial course of treatment for a week or two, when, if the condition of the parts be not improved, they will be removed by the knife.

He will be given every night a pill containing five grains of Plummer's pill, which will act as an alterant, and at the same time act on the bowels and the various secretions.

He must regulate his diet, abstaining from meat, and eating the lighter vegetables, with tea or milk.

Dr. Gross employs this treatment in preference to the plan of scarifying the lip, where there is any doubt in regard to the diagnosis.

REMOVAL OF A NASAL POLYPUS.

This young woman came from New Jersey on account of a nasal polypus. The left nostril contained a tumor, not very large, but obstructing respiration. It presented a whitish appearance, similar to that of an oyster, constituting a case of the gelatinous variety of polypus.

There are two kinds of polypus which occur in this situation; one the oyster polypus, or gelatinous, or soft, and the fibrous or hard polypus; the latter being frequently inclined to malignancy, while the other is never so disposed.

This kind of polypus is often gregarious; there are generally several, the larger keeping the smaller in subjection, and when the larger are removed, the smaller take on increased action, and in time fill up the nostril, causing a reproduction of the disease.

Where there is a tumor of this kind, the corresponding nostril is always obstructed, so that the air passes in with great difficulty; sometimes, indeed, the occlusion is complete, and there is a discharge from the nose of a watery mucus character, sometimes slightly bloody.

There is an alteration of the voice which becomes changed in character, being muffled, and there is a sort of nasal twang; and if the obstruction exists to a considerable extent in both nostrils, there is apt to be great difficulty in respiration, compelling the patient to throw the head back so as to get the mouth on a line with the larynx, so as to bring the air into the larynx, causing the patient to snore.

The trouble in this patient is of four years' standing; the general health is excellent.

Though there may be these symptoms of obstruction, you must not rely upon them for a diagnosis in order to determine the nature of the case satisfactorily. It is necessary to explore the parts very thoroughly, or, at all events, inspect them carefully, and have the benefit of a good light in so doing, and introduce an ear speculum to expand the nostril, and then take hold of the tip of the nose and turn it up so as to open the nostril as much as possible.

This variety of polypus is always attached to the middle turbinated bone—the upper one, as surgically considered, of those which belong properly to the nose, the other belonging to the ethmoid bone. It occasionally grows from the septum. The fibrous polypus is usually attached to the floor of the nose, or to the septum at its posterior part.

In other cases the polypus may project into the fauces, sometimes forming a pendulous tumor in that position, especially when quite large, with a long and narrow pedicle. Occasionally, too, it projects at the anterior nares. These tumors are generally removed by means of a pair of straight forceps, with delicate

blades. The instrument is carried up, and the blades insinuated around the surface of the tumor, then carried up to its point of attachment to the turbinated bone. Having seized it fairly, the instrument is to be turned on its axis, twisting off the morbid growth, thus getting rid of it by evulsion, and not tearing it away by force, for fear of removing also the turbinated bone to which it is attached.

During the operation the head of the patient is to be held by an assistant, and turned backward, so as to render the parts as prominent as possible.

After the operation the patient should be kept in a warm room for at least twenty-four hours, to lessen the risk of taking cold.

If the hemorrhage is at all severe, it can be readily arrested generally by the injection of a little vinegar and water; and if excessive and prostrating, the nostril may be plugged.

STONE IN THE BLADDER—OPERATION OF LITOTHOMY FOR ITS REMOVAL.

Danl. L., of Silver Creek, Schuylkill county, Pa.

This young man is a collier, and the son of a collier. He has been unwell for six years. His mother says that he has complained of vesical trouble ever since he was an infant, but during the last six years he has suffered quite severely, especially at intervals.

A sound was introduced into his bladder last week, and a stone was distinctly felt at the neck of the bladder, the click being distinctly heard.

He is in a good condition for an operation; last night he took a dose of purgative pills, which acted on his bowels, thoroughly evacuating them, and he has retained his urine since eight o'clock, a period of five hours. He passes his urine only about three or four times a day, which is rather remarkable, considering that he has calculus; sometimes he is obliged to get up in the night.

He has pain after evacuating his bladder; there is always more pain after the bladder has been emptied than when it is distended with urine, because the coats of the organ come in contact with the foreign substance, by which spasmodic pains are excited with a desire to void more urine.

He has never been obliged to pull at the head of his penis, which is a marked symptom of stone in the bladder. The stream of urine is often interrupted in cases of stone in the bladder from the stone coming in contact with the neck of the organ, and closing the orifice of the urethra.

Calculus also produces pain in the pelvic region. The patient is obliged to strain in order to evacuate the bladder, and hence this disease is often accompanied by hemorrhoids, or prolapsus of the rectum, and sometimes a hernia, to complicate the case; these give rise, at times, to various secondary troubles.

As the disease progresses, the health becomes feeble, and often the perspiration becomes urinous, and there is an odor exhaled from the body almost diagnostic of stone in the bladder. If the patient is not relieved, the general health is ultimately so impaired as to destroy life.

The patient otherwise is in perfect health, and has never been sick.

He is from a region of country where there is no limestone water at all, the water being of the freestone nature.

Stone in the bladder, as it presents itself in different parts of the world, is most common in limestone districts; it is so eminently in Kentucky, in Alabama, in Ohio, and in Virginia. But what is remarkable is, that we occasionally receive cases from a region of country where there is no limestone water at all, and quite a number of cases too. There is a county in Georgia where a great number of cases have occurred, and where there is no limestone whatever, so that limestone water cannot always be the cause of the existence of urinary calculus, if indeed it ever is, which is very much to be doubted.

There are various circumstances concurring in the production of stone in the bladder, and the use of limestone water may be one of them.

Another circumstance of interest is that stone in the bladder is an affection seldom observed in the colored race, for what reason we do not know. All that we know is that the disease is much more frequent in certain regions of the world than in others; that it occurs in both sexes, though more frequently in males, because of the different structure and conformation of the genito-urinary apparatus.

It has been noticed at all periods of life, occasionally as a congenital affection, and it is most common in children under the age of ten years. It has also been observed at very advanced age.

The operation to be performed in a case like the present is the lateral operation of lithotomy, the same has been already performed this winter on two occasions.

It consists in making an opening into the bladder through the left side of the perineum, the incision commencing about an inch and a quarter above the verge of the anus, at the middle line, or raphé of the perineum, and extending obliquely downward and outward nearly midway between the tuberosity of the ischium and the anus, about three-fourths of an inch below its verge.

The incision extends through the skin, superficial fascia, and adipose cellular tissue, in this situation, constituting the *first step* of the operation.

The *second step* consists in dividing the transverse perinei muscle, together with the transverse perineal artery, which runs along its pos-

terior border, and also the deep perineal fascia and the membranous portion of the urethra, together with a few fibres of the levator muscle of the anus.

The *third and last step* of the operation is to divide the neck of the bladder and the prostate gland, the knife in this stage being lateralized so that we divide the prostate gland in its long axis, which is obliquely downward and outward.

Inserting the finger into the upper angle of the wound, the knife is guided by means of the finger in this situation, when dividing the transverse perineal muscle, the transverse artery, the deep perineal fascia, and the membranous portion of urethra, etc.

The opening into the membranous portion of the urethra should be made about one-third of an inch in length, which is large enough to receive the point of the index finger of the left hand; and then introduce the instrument again, and carry it into the opening thus made in the membranous portion of the urethra, and, consequently, into the groove of the staff, which has been previously placed in the urethra, and then divide the prostate gland in the direction obliquely outward and downward, or in its long axis, lateralizing the instrument, lest you should divide the rectum, which should be pushed toward the wide side with the index finger of the right hand in the wound.

We make, in this manner, a large external and a small internal wound, or a sort of truncated cone, the base corresponding with the perineum, and the apex or trunk with the prostate gland and the neck of the bladder.

The rule is always to make a free external incision, and a small incision internally.

We do not usually divide the prostate gland in its entire extent, lest it give occasion to infiltration of urine. It is generally well to incise a portion of that gland sufficiently to introduce the finger freely into the bottom of the wound, and to effect the remainder of the operation by laceration, which can always be done when the patient is comparatively young; but when the prostate is enlarged, and there is induration from long-continued inflammation, or where there are deposits, we usually employ a probe-pointed bistoury to effect the division of the organ.

The knife employed should be a very delicate instrument, narrow in the blade, and slightly spear-shaped and sharp, and cutting only for about the extent of an inch and a half, or an inch and three quarters.

As soon as the bladder has been reached in the manner described, the staff is to be withdrawn and the forceps introduced, being guided by the finger still lying in the bottom of the wound. As soon as the stone is found just above the wound, expand the blades over it, seize it, and, taking a firm hold, extract it.

The staff should always be held, when possible, during the operation, by one accustomed to it. The staff should be a large and deep groove, and the instrument should be held nearly perpendicularly, and be well inserted into the bladder, and hooked up, as it were, under the pubic symphysis, so as to be out of the way of the rectum, or it should be inclined slightly toward the right side, so that the groove may present behind, toward the left side a little.

This instrument guides the knife during the third stage of the operation, and in the latter part of the second stage when the membranous portion of the urethra is opened.

The difficulties of the operation are the trouble in finding the groove of the staff, especially when operating through a deep perineum, and, also, the seizure of the calculus and its extraction.

The operation was performed in the manner described and the stone removed.

For three days after the operation there was no urine discharged through the wound, it passing through the natural channel. At the end of that time he began to void, part through the wound and part through the natural channel, and, at the end of three days more, it all passed through the urethra, so that the wound united almost by the first intention, and on the next day the patient was sent home.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

Wednesday Evening, February 13.

Dr. Remington presided in the absence of the President and Vice-Presidents.

KOUSSO IN TAPE-WORM.

Dr. Jewell exhibited a specimen of tænia, which was expelled by the action of Kousso. It was sent to him by Dr. E. C. Cady, who gave him the following account of his employment of this article:

The first case in which he tried the remedy was that of a lady, who had been ill for some time, during which period she passed joints of tape-worm. Acting upon this information, he gave her small doses of podophyllin, in combination with antimonial powder, until the bowels were fully evacuated. She was also kept on low diet, and the free use of lemonade. After this, he administered two drachms of finely and freshly powdered kousso flowers at 3 P. M., followed at 6 P. M. by one and a half ounces of castor oil with a drachm of oil of turpentine, upon the operation of which an entire tænia

lata was expelled. She rapidly regained her health.

The next case was a dissipated river pilot. Before taking the kousso, for two days, he lived very low, as above, and the result was similar to that in the former instance. The third and last was a gentleman, a native of Philadelphia, a powerful man, who had long enjoyed perfect health. For several months he had occasionally passed joints of tape-worm. He was put on low diet, and took an ounce of aromatic sulph. acid, largely diluted in the course of twenty-four hours. This was followed by several full doses of the fluid extract of the male fern, with but slight benefit. Finally, he took three drachms of powdered kousso, and repeated the dose in five hours, following the last with castor oil and turpentine. Their operation brought away the present specimen.

Dr. C. believes that much of the power is derived from previously dieting the patient. None complained of any bad symptoms following the drug.

SMALL-POX.

Dr. Condie remarked, that he would call the attention of the society to a case of small-pox recently attended by him, and the first that he had met with for a space of nearly two years. Though exhibiting nothing peculiar in its symptoms or progress, the case was interesting, as presenting a striking exemplification of a fact which is strongly insisted upon by several of the European continental pathologists—namely, the greater or less insusceptibility of certain individuals to the modifying influence produced in the human system by variolation and vaccination, and upon which the immunity from a second attack of small-pox or of the vaccine disease depends. This insusceptibility, more especially to complete and effectual vaccination, is a common cause of the failure of the latter as a protective from the contagion of small-pox. Computations, based upon a most extended series of observations, have made the proportion of those who resist the prophylactic influence of the vaccine infection as high as about 33 per cent. In many instances, the insusceptibility is not overcome even after repeated repetitions of vaccination.

February 2d, 1861. I was called to see a woman, twenty-six years old, whom I found covered with a copious eruption of small-pox, which assumed the worst confluent form, and terminated fatally on the nineteenth day after the appearance of the pock. Five years previously, November, 1856, I had attended the same patient for a very severe attack of small-pox, of the discrete form, and which happily terminated without any unfavorable symptom, and without leaving more than one or two, not very deep, pittings. The impression of her friends was that she had been vaccinated when an infant; of this, however, there was no certainty. No trace of a cicatrix could be discovered on either arm.

At the time of first attack there were three other cases of small-pox in the same house in which she resided. No death, however, occurred.

CANCER OF STOMACH.

Dr. Gobrecht exhibited a stomach which he had removed from a man aged fifty-four years, a patient of Dr. E. L. Carter. When first seen by his attendant, he was in a state of extreme exhaustion, so that no satisfactory examination could be made. He died on the same day without reacting. He had been some time previously under treatment in a public institution, and there no accurate diagnosis had been made out. On *post-mortem* investigation, a large medullary sarcoma was found depending from the lesser curvature and anterior and posterior walls of the stomach, filling about two-thirds of its cavity. The mass was certainly larger than the two hands. The pyloric orifice was not encroached upon, hence no doubt the absence of vomiting, which seems not to have occurred at any time. On external inspection, previous to the abdominal incisions, the tumor simulated an enlarged spleen.

Subject for Discussion—Chorea.

Dr. Jas. J. Levick made some introductory remarks upon the history of this disease and its consequences, and concluded by relating cases which had fallen under his notice.

Dr. Condie had listened with great interest to the paper just read. The author had thrown out much matter demanding serious consideration. To go over, even superficially, the several points connected with the etiology, pathology, and therapeutics, which Dr. Levick had presented, and facts adduced by him in their illustration, would require more time than any one speaker could command on that evening—far more, Dr. C. was well persuaded, than those present would be willing to grant.

The term chorea has been employed without much exactness; and it is somewhat difficult exactly to understand the class of cases to which it has been applied by different writers. If we are to embrace under this denomination every abnormal movement of the muscular system which takes place without being accompanied by a loss of consciousness, all the muscular twitchings, restlessness, habitual contortions of the countenance or motions of hands, arms, legs, or feet, which we constantly meet with, then the subject of chorea is a most copious and comprehensive one—the disease being among the most common of those to

which man, in all places and under all circumstances, is liable.

For his part, Dr. C. has been accustomed to denominate chorea only those cases in which there is an evident want af co-ordination in the action of the muscles of animal life, when called into action by the will. Cases in which when certain muscular movements to effect a given object are willed, muscular movements altogether different, and which impede instead of effecting the end proposed, take place, and which the volition of the patient has no power to control, although he is perfectly conscious of their irregularity, and feels deeply mortified at their absurdity. Dr. Condie had, some years ago, under his care, a lad some ten years old, who, when he attempted to walk, would bend his body in the form of a wheel, and thus roll over and over. The child assured those who questioned him that this strange mode of progression was entirely involuntary, that he really meant to walk like other boys, but was compelled by something he could not control to roll about as he did. This patient became finally idiotic. In another case, the daughter of a clergyman, about twelve years of age, there was, besides the strangest movements of the muscles of her face and limbs, a tendency, when she walked in the street, to move obliquely toward the curb-stone, or, when walking through a room, toward the wall. The more she attempted to control this movement, the more irresistible it became. This patient, who is particularly active and intelligent, was entirely cured, and has remained up to the present time, about four years, entirely free from the slightest return of the disease.

In respect to the twitchings of the muscles, the fidgety, restless, and habitual movements observed in many individuals, and which have, Dr. C. believed, been improperly classed as cases of chorea, it will be found, he remarked, that they are, in a large number of instances, acquired tricks, either from awkwardness to relieve some uneasy sensation, or from the imitation of the same movements in others; by an exertion of the will they may be controlled, and ultimately conquered. Now, it is not true that chorea is capable of being acquired by imitation, voluntary or involuntary, of those affected with it—nor is it true that the disordered muscular movements of chorea can be in any degree controlled or subdued by the closest watchfulness, or the most powerful exercise of the will.

Chorea, in common, probably, with all the genuine neuroses, is dependent upon irritation of the proper tissue of the nervous apparatus devoted to the direction and control of the voluntary muscles, and not upon organic disease—a change or destruction of that tissue.

Dr. Condie was persuaded that cases of some of the milder forms of epilepsy had been confounded with chorea. In some of the cases, at least, published as those of chorea, it is said that such and such was the case, or certain things were done, when the patient regained his consciousness. Usually there is a striking difference between the convulsive movements of epilepsy and the irregular muscular movements characteristic of chorea, while, at the same time, consciousness is lost during and for some time after the convulsive paroxysms of the first, which is not the case throughout the entire course of the latter disease.

Chorea is by no means a fatal disease; during a practice of forty-four years, Dr. C. had not met with a single fatal termination that could with propriety be attributed to the disease itself. He had, it is true, seen patients afflicted with chorea die, but invariably from some intercurrent disease. The result most to be feared is the occurrence of idiocy. This has, unfortunately, taken place in cases where everything seemed to promise a favorable termination. It most commonly occurs when, from neglect or mismanagement, the disease has been allowed to run on for a long period.

A very large number of the cases of chorea that had fallen under the care of Dr. C. occurred in young persons, about the period of puberty. In these cases no striking predominance of either sex was observed. In many, perhaps the majority, of instances, there was disturbed digestion, with costiveness, great langour, and inertness of disposition, and more or less of the indications of anæmia.

When chorea is seen early, and properly treated, the physician having it in his power to place the patient upon a correct diet and regimen, it may, in the greater number of instances, be promptly cured. Pure air, personal cleanliness, sufficient exercise, and food adapted in its quality, quantity, and the time and modes of its being taken, are matters of primary importance in the prophylaxis of diseases generally, in early life, and are essential to the restoration of health in those affected with chorea.

The functions of all the organs should, as far as possible, be restored to a normal condition by such remedies as may be adapted to aid in this important object, without, at the same time, reducing the general strength of the system. Every source of irritation that may be detected should be promptly removed. The condition of the bowels should especially be diligently inquired into, and, if found to be costive, or to contain indigested matters of any kind, they should be cleared out by a gentle purgative, or some simple enema. Active purgation is to be carefully avoided, the recommendation of Hamilton in their favor notwithstanding.

Dr. Condie could conceive of cases in which, in consequence of the intercurrence of some acute inflammatory disease, bleeding may be demanded; he has never met with any such cases; with none, indeed, in which all the indications were not entirely adverse to depleting

or depressing remedies of every kind, calling, on the contrary, loudly for tonics and antispasmodics, a sustaining diet, pure fresh air, and invigorating exercise.

Among the remedies which he has found by experience to be the most valuable in chorea, the one which, in his hands, has certainly succeeded the most promptly in arresting the irregular muscular movement, was, Dr. C. remarked, the valerianate of zinc, given, however, in much larger doses than those generally directed: from 5 to 10 grains, according to the age of the patient and the urgency of the case, three, four, or five times in the twenty-four hours. The great price of the article is an objection to its general and liberal use in the disease. Dr. C. has employed, in a large number of cases, the sulphate of zinc in a strong infusion of valerian, by displacement. Although not so prompt in its action as the valerianate of zinc, he has found it a very admirable remedy. He gives it in as large doses as the stomach of the patient will tolerate without nausea being induced. Dr. C. has also employed, with good results, the sulphate of zinc in a stong infusion of cimicifuga, by displacement. From other tonics, as the proto-carbonate of iron, the ammoniated tartrate of iron, etc., given in large doses, and persevered in for some time, he likewise has derived the best effects in cases of chorea.

In cases of genuine chorea, a course of gymnastics, so arranged and directed as to restore the cöordinate action of the voluntary muscles under the control of the will, has been productive of the most interesting results. The gymnastic exercises must be systematically arranged, and conducted under the superintendence of a competent guide, or they will be productive of injury rather than good.

Electricity, in various forms, has been recommended by some authorities as a most efficient remedy in chorea. Dr. C. had seen the electro-magnetic battery employed most perseveringly in cases of the disease having the characteristics of those which were described as especially amenable to its curative influence, but without, in any one of them, the slightest good being produced by it. In young and very nervous patients, the electro-magnetic battery, by the alarm and mental excitement to which its employment at first gives rise, had appeared to him to produce mischief instead of benefit.

Dr. Condie had never seen a case of what is denominated the salaam convulsion. Nor has he observed any case of true chorea convulsions in pregnant females, as an especial disease of gestation. He has frequently noticed, during the latter state, a fidgety-restless condition of the female, amounting in some cases almost to that of convulsion; this, however, he regarded as hysterical; it has certainly not the characteristics of true chorea. He has not observed the latter disease as a sequence of acute articular rheumatism; in many cases, however, chorea is accompanied or preceded by neuralgia, often of a very severe grade.

As to the connection of chorea with disease of the heart, Dr. C. had no experience; in many of the choreic patients who have fallen under his notice, there has been cardiac murmur associated with palpitation, but in every instance this has been associated with and evidently dependent upon a state of anæmia.

Dr. C. wished not to be understood as absolutely denying the connection between chorea and rheumatism and carditis, as reported by others; he merely stated his own experience, from which he was unable to adduce any fact confirmative of the connection referred to.

Dr. Remington had treated a number of cases of chorea, generally occurring in children, particularly observed in females between the ages of ten and fifteen years. A delicate, weakly little girl, living in my family in the capacity of a child's nurse, after having suffered from a violent attack of inflammatory rheumatism, that confined her several weeks to bed, was seized with *chorea*. The contortions and involuntary movements of the various muscles were so violent and constant as to require the aid of several persons to keep her in bed. Incessant motion, day and night, of a rotatory character, with scarcely any intermission, persisted for several weeks. The intense suffering experienced from the disease spending its force on the articular structure, and surrounding parts, occurring in a delicate sensitive organization, must be regarded as constituting the pre-disposing cause of the chorea.

The treatment consisted of counter-irritation, by means of *ung. tart. ant.* to spinal column, and the employment of the cimicifuga racemosa, or *black snake root*, or *cohosh*, as it is sometimes called. She rapidly recovered under its use, after purgatives and tonics had failed. A similar course of treatment, pursued in other cases, has generally succeeded, and when it has failed, it may, I think, be attributed to the irregular and imperfect mode of administering the *cohosh*. I usually direct it in the form of powder: a teaspoonful three times a day, in syrup or molasses. It may be given in decoction. Death from chorea does not often occur; the prognosis is therefore favorable. I knew a case, occurring in a young woman, of adult age, who had been employed in a match factory, and was in the habit of going from morning till night without attending to the calls of nature, in whom chorea was developed in a very violent form. She was attended by a dispensary physician, and the disease ran a fatal course in about two weeks.

Dr. Henry Hartshorne had met with one well-marked case of chorea immediately following upon "rheumatic fever" or acute inflammatory rheumatism. It was in a girl, thirteen or fourteen years of age. Severe pericarditis had occurred, in addition to the usual articular inflammations; and, just as she was convales-

cing from the cardiac affection, the choreic symptoms, with more than average violence, appeared, and lasted for about two months.

In one other patient, a boy about eleven years of age, Dr. H. had seen rheumatic endocarditis follow chorea at an interval of several months. This, also, may be taken as an instance, at least, of the association in the same constitution of the rheumatic diathesis with the tendency to chorea. In what does this coincidence consist?

Mr. John Simon inclined to a humoral view of the pathology of chorea, and considered that the blood-poison of rheumatism may so act upon the nerve-centres as to pervert their functions into the choreic disorder.

A different hypothesis is certainly supposable, namely: that not a mere functional or nutritional disturbance of the cerebro-spinal axis occurs in rheumatic chorea, but a rheumatoid inflammation of the fibrous textures of the upper part of the spinal column, not violent, but deeply-seated and sub-acute. This theory would apply equally well, with appropriate modifications, as to locality or other conditions, to the explanation of the more frequent cases of rheumatic *paralysis*.

The first of the two cases, above alluded to, was reported by Dr. H., in the Philadelphia *Medical Examiner*, October, 1856, where mention was also made of a previous article in the same journal, by Dr. Gibbs, in which the association of chorea with rheumatism was illustrated. Drs. Hughes and Burton Brown, in Guy's Hospital, London, in 309 cases of chorea, found rheumatism to be the *exciting cause* in 13 cases; while in 58 cases, where inquiry was made in regard to it, 30 had suffered from rheumatic attacks; and, of 104, only 15 were free both from cardiac murmurs and from the influence of previous attacks of rheumatism.

There is, then, certainly some importance in the clinical relations and associations of the two diseases.

No other members desired to continue the subject.

MISCARRIAGE—TWINS.

Dr. Gobrecht related, that in January he had attended a woman in miscarriage at the end of the sixth month. She was delivered of twins, a boy and a girl. They were well formed and of the average size of twins at that period; were in distinct bags, with distinct placentæ. The membranes enveloping the male fœtus ruptured in due course, the child was extruded, the cord was tied, and the placenta delivered; the child breathed convulsively and imperfectly, moaned, and lived two and a half hours. In about an hour after the first, (the pains being feeble,) the second fœtus, with its membranes unruptured, was expelled. As the woman was much exhausted, it was quickly laid aside until the uterus was made to contract firmly, and the binder applied; this must have occupied from five to eight minutes. On then examining the ovum, very strong pulsation in the cord was perceived; the membranes being very resisting, were cut with the scissors, and the cord tied. The child acted, in every respect, as in the first instance, and, after a time, made attempts at sucking, when a few drops of water were applied to the lips. It lived 23¼ hours.

Adjourned.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

Theory and Practice of the Movement-Cure; or, The Treatment of Lateral Curvature of the Spine, Indigestion, Constipation, Consumption, Angular Curvatures, and other Deformities—Diseases Incident to Women—Derangements of the Nervous System, and other Chronic Affections, by the Swedish System of Localized Movements. By Chas. Fayette Taylor, M.D. With illustrations. Philadelphia, 1861. Lindsay & Blakiston. 12mo. pp. 295.

Kinesipathy, or movement-cure, was instituted for the treatment of chronic affections by Peter Henrick Ling, of Sweden, who was led to adopt the idea by the cure of an attack of gout in the elbow, in his own person, following exercise in fencing.

The work before us is from the pen of a practitioner having an establishment for the application of the movement-cure in New York, where he applies this practice to chronic diseases, being patronized by many eminent regular practitioners of that city, to whom he refers in his advertisements, and also by many irregular practitioners, the patients while under his mechanical treatment being still under advice of their family physician.

The original method of movement-cure by localized movements, was solely by means of exercising the different muscles of the body without the use of any apparatus.

Dr. Taylor claims to have improved on the original plan by the introduction of various ingenious mechanical contrivances, which, under the management of properly-instructed assistants, are made to act steadily upon certain muscles, as required in each case with a certain view. The rest of the work cannot be considered original, as it is all to be found in the *Aerztliche Zimmer-Gymnastic, oder Darstellungund an Mending, etc., etc., by Dr. Daniel G. M. Schreber, Director of the Orthopædic and Gymnastic Institution of Leipsic*, and other works of the same author, as well as in the *Gymnast*, a paper published sometime ago in New York.

These works, however, do not contain the apparatus employed by Dr. Taylor, which, as far

as we know, are original with him. The work is divided into two parts, Physiological and Therapeutical—the latter being devoted to the application of the principles spoken of in the first part, which is to show that a physiological counter-irritation, for the cure of chronic diseases, is much more rational than the production of pathological counter-irritation, as generally employed.

The system consists in localizing movements, so that only those muscles are exercised which are in fault, the rest of the body being kept passive, the consequence of which is that powerful and beneficial muscular contraction can be produced, without a waste of nerve-force producing fatigue, such as generally follows the general or indiscriminate use of the muscles of the body when persons are "taking exercise."

It is certain that stimulus produced in the vicinity of a diseased organ affects that organ in a greater or less degree, and, therefore, the effect of properly localized motion or exercise of the thorax or abdomen in diseases of the contents of these cavities will have their effect transmitted to those organs, thus stimulating a healthy nutrition preparatory to a return of health.

It is impossible to go deeply into the consideration of the subject in a notice like this. The book is cheap, and is plainly and logically written, and we heartily recommend its perusal, for there is much that is valuable in it, showing how hygienic rules, scientifically and intelligently applied, may often supersede the use of internal medicines, or at least prove a most valuable auxiliary.

There is much good in the system, though there is danger of carrying it too far by enthusiasts and quacks who may be disposed to take it up. In the hands of the intelligent practitioner it cannot but prove a valuable auxiliary to his means of cure, coming under the same head in medicine as electricity, the judicious employment of baths, etc., etc., all of which have for their object the stimulation of physiological functions to overcome pathological conditions.

The system is not applicable to acute or specific disorders, to diseases dependent upon poisons in the blood; but it is applicable to those chronic disorders which are the result of perverted or deficient nutrition and a neglect of proper hygiene.

We may upon another occasion discuss the claims of the movement-cure to the favorable notice of the profession in a less desultory manner.

On Diabetes and its Successful Treatment. By John M. Camplin, M.D., F.L.S. New York: S. S. & W. Wood. 1861.

Such is the style of a volume of eighty-seven pages which appeared in London some three years since, under the modest title of a paper read before the Royal Medical and Chirurgical Society of London, "On the Juvantia and Lædentia in Diabetes," communicated by Dr. Bright in 1855, and published originally in the Transactions. It is mainly the narrative of Dr. Camplin's own case, with a few others, interspersed with some very good remarks on the pathology and present theoretical views of diabetes. We suppose the Doctor's patients (for whose benefit it is evidently principally written) have found it edifying and instructive, as this third edition, enlarged and brought down to the present time, has been so soon demanded. The book is intended to extol the effects of a peculiar bran-cake, made with flour, ground in a mill devised by a Mr. White, under the direction of Dr. Camplin; but afterward attempting to grind the bran himself, he failed to please Dr. C., who, therefore, recommends mills made by Mr. White's successor, Mr. Gallop, of 149 Cheapside. We are sorry that we cannot quite agree with Dr. Camplin as to the entirely "successful treatment" of his case, and still more sorry to see such a man leaning toward what savors somewhat of the advertising tendency of the quack. But the book can do no harm in this respect on our side of the water, and presents a great deal of valuable information not hitherto easily accessible among us, while the author's style is very agreeable.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, APRIL 6, 1861.

This being the initial number of a new volume of the Medical and Surgical Reporter, we take occasion to offer a few remarks on the general subject of the influence of journalism on medical progress. It is universally admitted that there should be some channel of communication between medical men, and all who desire to be regarded as intelligent physicians are found among the patrons of the periodical medical literature of the day. Up to within a very recent period, the profession of our country has only had this species of literature in the quarterly, bi-monthly, and monthly forms, while, for nearly forty years, the profession of Great Britain and the Continent of Europe have given a hearty support only to those journals which are issued weekly or more frequently. It is remarkable that this should have continued so long in this country, in view of the fact that we, as a people, are almost universal readers, devouring news with such avidity that

lightning presses, and several editions a day are necessary to supply the demand for newspapers. Even the *Lancet*, which is published weekly in London, is re-issued by an enterprising publishing house in this country, but served up in a monthly, instead of a weekly, form.

All this is in striking contrast with our characteristics as a nation. Probably one reason of our slow appreciation of frequent issues of medical journals is the fact, that we have been too content to look to Europe for our medical ideas and facts. The clinical observations of the London and Parisian hospital physicians we have regarded as authority, to the almost entire neglect of our own intelligent and learned physicians. The vast amount of clinical instruction given in our large cities, died away on the ears of the students who listened to it. It was not published for the benefit of the profession at large, while the clinical instructions given in London and Paris were freely reproduced here, and widely scattered among the profession of our country.

The effect of the dissemination of valuable knowledge can be described but by one word—Progress; and it is a question whether the era of weekly medical journals which has recently dawned on our country, is not going to solve the problem of a higher standard of medical education and requirement that so many able special Committees of the American Medical Association have for years sought almost in vain to work out. It will scarcely be denied that the weekly medical journals that are issued from London, and which are scattered by thousands throughout the United Kingdom, reaching every hamlet and village, have a vast influence in molding the medical mind of that country. And why will it not inevitably be so here? *We* who are in weekly communication with thousands of physicians throughout our country can see how it *may* be so. It remains for the conductors of this species of medical literature in America to see to it that they prove faithful to their trust; for it can hardly be otherwise than that weekly journals will hereafter really be the conservators of medical opinion and progress in this country as they now are in Europe. As far as this journal is concerned, its conductors feel the responsibility of their position, and are determined to endeavor to discharge their duty faithfully. Their perfectly independent position, being entirely unembarrassed by any connections outside of the medical profession, enables them to speak with more confidence on this subject than they otherwise could.

A WORD ON MEDICAL TEACHING.

It is a hopeful sign of the times that medical education is making very rapid progress in our country. It is within the recollection of most of our readers when successful medical teaching was confined almost exclusively to a very small number of schools. It will be interesting briefly to notice a few of the prominent points in the progress of medical education of late years. Among the successful schools of medicine none have been more so than those of this city, and it is a noticeable fact that the Philadelphia medical schools are not subject to the changes which have characterized so many of the medical schools of the country. Their progress has been steady, and, in a great degree, uninfluenced by the rise and fall of medical schools elsewhere. The fact is, the schools of this city have acquired such distinction that it is not easy to affect their prosperity. With few exceptions, the number of medical students resorting to this city has steadily increased. Not so, however, with some other schools, that, at one time, were quite as flourishing as those of this city. Some, that in former years, enjoyed a marked degree of prosperity, have become entirely extinct. Others have lost their prestige, and have dwindled to a third rate importance. Twenty-five or thirty years ago, the Fairfield Medical School, in the State of New York, was one of the most successful in the country. It is now extinct, while, outside of New York city, none of the medical schools, of which there have been several in the State, have seemed to enjoy a marked degree of success. The medical school at Albany, with one of the best museums in the country, and an

excellent corps of teachers, has held its own pretty well, and has of late made some decided advance. Geneva has had much to contend with, and does not seem to flourish, while Buffalo seems to have closed her doors and transferred her professors, her Hamiltons and Flints, to metropolitan schools.

New England, with all her educational facilities and intelligent medical men, strange to say, has never had one really successful medical school. The medical schools of Kentucky, at Frankfort and Louisville, have either become extinct, or declined very much. The Transylvania school was, at one time, one of the most successful in the country. The success of the Ohio schools, particularly of late years, have been almost problematical. The schools still further West are struggling against many disadvantages, and can hardly be remunerative.

In the Southern States medical teaching has, of late, received an extraordinary impetus. Until within a very recent period, the Southern medical schools were nearly all in a languishing condition. Dr. Bowling and his coadjutors, however, demonstrated, a few years ago, that a large school could be built up at Nashville, and, although it has not yet fulfilled its threat of ruining medical teaching in Philadelphia and New York, it has grown to be one of the largest in the country. Meanwhile, New Orleans has loomed up wonderfully, and the medical schools of that city bid fair to become the most successful in the South. Mobile has made a fair start, and Atlanta, Georgia, has enjoyed a remarkable degree of prosperity for some years. The medical colleges at Charleston and at Richmond have made considerable advances within a brief period.

The effect of all this activity in medical teaching must be to increase the sum of medical knowledge. All who desire to practice medicine now find it necessary to graduate at a medical college, in order to maintain a respectable standing. As to the permanency of the prosperity of the different schools, that will depend almost entirely on themselves. *Pamam qui meruit ferat.* Let the schools vie with each other to give their students the best and most practical instruction. Those that do this, having harmonious faculties and directors, will undoubtedly go on and prosper, otherwise they will dwindle away, lose their patronage, and become extinct.

Amid all the changes that are taking place, we do not apprehend that the schools of this city will suffer any. We see no reason why the number of students that resort to Philadelphia should not increase rather than diminish. As things stand now, it seems to us that the future race for supremacy in medical teaching lies between this city and New Orleans.

SPIRIT OF THE MEDICAL PRESS.

A seat in the House of Lords of Great Britain is the highest honor that professional men in that country can hope to attain. This distinguished honor, it would seem, has not hitherto been attainable by our profession, and an effort is being made to have the distinguished Sir Benjamin Brodie raised to the peerage. In discussing the general subject, the *Medical Times and Gazette* says:

"What, then, is needed to secure the medical profession that social position to which it is fairly entitled? First, there should be honorable positions in the State attainable by the members, and then men of rank and fortune will be induced to educate their sons for the profession with a view to the attainment of these positions. In this way it would at once be more closely linked through its members with the wealthy and titled classes, who would then feel it a personal matter to assert its dignity. A man brought up to the other professions has a chance, at least, of finding his way to the House of Lords, either as a Bishop, or Lord Chancellor, or Law Lord, or a successful General; and this it is which attracts to those professions in preference to physic. Now, that such honorable positions might be found for the higher members of the medical profession is certain. The President of the Medical Council, for example, is a more dignified person, *qua* his profession, than a Bishop, *qua* his, and might be appointed for life with a seat in the House of Lords. To this end, however, public opinion must be influenced in the right way."

The *Lancet* has the following remarks on the Turkish bath, which is just now attracting much attention in Great Britain:

"The Turkish bath has attracted considerable interest since the war in Russia, not so much, indeed, for its therapeutic agency as for its luxurious enjoyment. It was introduced

first into Ireland, and afterwards into some of our large manufacturing towns, by philanthropists and by speculators. Its use has been adopted by a great number of persons. At first we heard very little of its effects, except in connection with either the unqualified denunciations or cautious warnings of our own body, or else with the exaggerated accounts of those who have entered upon the subject in that spirit which would shelve it amongst the various pathies that prey upon the ignorance and credulity of the public.

"More recently it has attracted considerable attention in the medical profession. Many of its leading authorities, known from their writings and teaching in our great metropolitan schools, have made a personal experience of its effects, and some of them have expressed publicly, in papers or pamphlets, their conviction that this mode of bathing is not so dangerous a process to undergo as their first impressions led them to believe; that it really did produce in them a sense of rejuvenescence for a time, and that they are satisfied that it is likely to exert a powerful agency on disease, especially when the malady is the result of a suppressed action of the proper functions of the skin, whatever they may be.

"It is not important to know how agreeably or how luxuriously two hours may be spent in the bath, for few of us, who have the work of life before us, have time to spare; but we really wish to know how the air bath operates on the human organism. If any, what is the nature of the danger to be apprehended, when a healthy body is the subject? What is the kind of relief produced in disease? What are the constitutional or pathological peculiarities that are injuriously influenced?"

Correspondence.

LETTER FROM NEW YORK.

New York, March, 1861.

The long-contemplated measure has been accomplished. The Bellevue Hospital Medical School has acquired legal existence by a charter granting the usual privileges of medical colleges. The government of the new institution rests with the Board of Trustees, twenty-one in number, comprising the present Commissioners of Charities and Correction. The members of the Medical Board of Bellevue Hospital, including consulting physicians and surgeons, are mentioned as the incorporators. This is an event of some magnitude to the profession, and, as a matter of course, great curiosity is excited as to the success of the enterprise; to the influence which it is designed to exercise upon the present status of medical matters in our city; whether it will adopt a new and more comprehensive plan of medical education; whether it is likely to annihilate the existing colleges in the State, and, above all, that momentous question is raised—who will be the future professorial incumbents in that institution? There are, of course, some knowing ones, who pretend to be inspired from head quarters, always ready to detail the plan and to reveal the adopted policy. Some say that the Commissioners of Charities and Correction have, by wise economy, saved some eighty thousand dollars, which they intend to invest in a magnificent structure and the necessary implements of the new college. Others maintain that only a lot of ground will be granted, and the balance of the expenditure is to be borne by the professors at large, which, of course, sours the grapes and cools the enthusiasm of aspiring candidates.

The truth is, that new enterprise has, as yet, only a papyraceous existence. There is no provision in the charter, except the name, which identifies the new medical school with Bellevue Hospital, and no power is given to the commissioners to provide for buildings and other requisites of the college department. The new corporation is, therefore, essentially a private enterprise, and the commissioners, without the assent of the Board of Supervisors, or the State Legislature, have not the shadow of authority to dispose of the property of the city and county of New York in behalf of a private institution. But, irrespective of the legal ground, the commissioners themselves being the product of a political current, represent, in their present constitution, but one of our political boilers, exceedingly unsafe, and not unlikely to explode at the next political revulsion. Upon such volcanic foundation it can hardly be expected to gain a permanent footing, and for precedents we need not look far. In comparing the names, however, of the incorporators, we can hardly persuade ourselves that the undertaking is a bona fide one.

It would, indeed, be a great event, if gentlemen who, for a quarter of a century, have fought for supremacy, had suddenly smoked the calumet, and had formed a complete union. There are, however, some who consider the whole affair a movement to prevent a movement; in other words, certain gentlemen have only joined in the scheme for the desirable purpose of defeating its success, and thus to save their own bacon. And this version has some sagacious advocates. For the success of Bellevue College would be certain ruin to the other colleges, and this price would indeed be very expensive to some of our confrères. Others think the whole movement to be a relief measure for a neighboring college, whereby the burden might be got rid of, and yet the loaves and fishes be preserved.

If we could but convince ourselves that the enterprise was honestly meant, we would hail it with sincerity and salute it with a God-speed.

For Bellevue has the material for a glorious medical school, scarcely to be rivaled, and, certainly, not to be exceeded by any in the country. But, to render it so, nepotism should be discountenanced; in its place, merit, skill, and an open, honorable, and rigid competition for professorial chairs should be introduced. A new plan of medical education should be inaugurated with the new school, in keeping with medical science and the healing art, and the examination for a doctorial degree should henceforth be public, at the dead-house and at the bed-side. If this were the programme every intelligent member of the profession should warmly assist in building up an institution so benificent and timely. With a gentle purgative, the present Medical Board would constitute a fine and efficient faculty. But first let them jump the rope of competition and set a good example, retain the competent men, complete their number with new stock, and send the goslings to grass.

The future will, however, develop the pending mystery, and, with your permission, we will keep you posted in chronological order.

The medical staff of the New York Hospital shows unmistakable signs of paralysis agitans, and but for the conservative old fogies of trustees, they would now be tripping up town, and settle the new temple Hygeia at a snug place along the North river, near Twenty-third street, of course with a school attached.

Whilst these plots and counterplots are being matured, a strategical diversion has been made in the Academy for no other purpose than to distract attention—a most sagacious measure worthy to have been originated in the brain of Napoleon. Our jolly confrère, Lewis A. Sayre, is the distinguished recipient of fraternal attention. Of late he has spread himself too rapidly, received too many popular favors, is growing like young ivy over the venerable roofs, and consequently he is to be trimmed down and disciplined. What is it? Barnum would ask. No more and no less than the valuable improvement of Davis' splint for the hip, which he claims as the result of his own ingenuity. This act of professional iniquity, as it is termed, has so much inflated the ethical conscience of our House of Peers as to raise them, in the last eight months, above their own mortal shortcomings. If they descend at all, they will come down upon Sayre, and if he stands the gas, he will prove himself a rock not to be blasted.

MANHATTAN.

DIPHTHERIA.

A Tennessee subscriber, in a business note, writes:—"My experience in the treatment of diphtheria is that nine-tenths of the cases can be controlled by quinine and chlorate of potash, in full doses, with veratrum viride sufficient to control arterial excitement.

"To a child, six or eight years old, give, every four hours,

℞.—Quinia sulph., gr. iij.
Pulv. ipecac et opii, gr. ij. M.

"Also, chlorate of potash, at intervals of six hours, and Norwood's tincture of veratrum viride in sufficient doses to control the action of the heart, usually commencing with three drops every three hours, to be increased or diminished as the case may require."

NEWS AND MISCELLANY.

"Crowner's 'Quests."—Complaint is made of the careless manner in which coroner's inquests are conducted in the city of New York. From the education and character of the persons chosen for such offices in this country, nothing else can be expected. In Great Britain, the office is one of dignity, and is always filled by a medical man of high scientific attainments. In Philadelphia, the appointment is given as a fat berth to mere office-seekers. Qualification for the post is not thought of, and the previous occupations of the incumbents have usually been some ordinary mechanical trade or small dealing, until after retirement from office, when they have been usually so elevated as to open drinking saloons!

The public does not seem to be aware that either medical or legal knowledge is required for the proper conduct of the office. Both are essential; without the former, the coroner will be continually blundering in matters which concern the life of an individual, or the just retribution for murder. As he is required to act as a sort of peripatetic judge before his jury, a knowledge of the principles of law and evidence is absolutely essential.

African Explorations.—The *Medical Times and Gazette* says that a citizen of New York, Mr. Du Chaillon, recently reported to the Royal Geographical Society the results of his explorations.

He explored a region, not before traversed, densely wooded and mountainous, and lying on a line with the equator. It is inhabited only by a few tribes of negroes, of large stature, but in a very degraded state, and given to cannibalism. No herds of game exist there, but the largest apes are abundant. The explorer shot twenty-two gorillas, and produced some specimens of the stuffed animal at the meeting of the society; and exhibited some drawings of the house-building ape.

A Veteran Practitioner.—A correspondent of the *Medical Times and Gazette* says that Dr. Ricati, late of Vevey, practised there for sixty-three years. He graduated in 1797, and died in December, 1860.

Instances of Longevity.—The New Orleans *Medical and Surgical Journal* gives the following instances of longevity, gathered from the census returns of 1860:

Cornelia Leslie, a negress. Mr. Morena, a U. S. census-taker for 1860, for Florida, reports that the above-named negress is aged 125 years. She was born in the State of Georgia, at a place called Silver Bluff; has a distinct recollection of the war of the Revolution, and remembers the siege of Savannah, in 1778, when that city was taken by the British. The woman, although so far advanced in years, is remarkably healthy and strong, and walks half a mile every Sunday to attend church. She is the slave of her own son, who is a free negro.

Boubacar Labarre, born in Africa, died in New Orleans, aged 112.

Lizzy Gray. Old Lizzy Gray died on the farm of D. E. T. Mims, Edgefield, S. C., at the advanced age of 127 years. Her physician, in an obituary notice which appears in the Edgefield *Advertiser*, says, that "she was imported from Africa during the Revolution, after having borne four children in that country. During the Revolution she was a prisoner on board a British ship. She was educated in her youth under the influence of Mahommedan tenets, and although she united herself many years ago to the Methodist Church, she ever said that Christ 'built He first church in Mecca, and He grave was da.'"

Gov. Blacksnake, the "old Indian," died at his residence on the Alleghany Reservation, eight miles from East Randolph, Cattaraugus county, N. Y., December 26, at the advanced age of 123 years. He was, probably, before his death, the oldest Indian living. He was in the French war previous to the Revolution; also in the Revolutionary war, and sided with the Americans. He was a great aid to Washington, acting in the capacity of a runner and bearer of dispatches. His family have now in their possession a silver medal that was presented by Gen. Washington, and on which the "old Governor" put more value than on all else he had.

Milly Lamar. In the list of interments recorded by the sexton for the last week, was that of a centenarian, a negress, Milly Lamar, who had reached the advanced age of 145 years. This negress had been the mother of thirteen children, three of whom were born before the Revolutionary war. She was owned, at the time of her death, by G. B. Lamar, of Augusta, and remembered distinctly when the forest trees grew luxuriantly where that city of sixteen thousand inhabitants now stands. Remaining a widow ten years after the death of her husband, she married again, and the other ten children were born to her. The youngest of these is living in this city, and belongs to Mr. James Ray, and is now sixty-three years old. Old Milly was blind for sixteen years before her death, and there is scarcely any doubt but that she was really as old as represented.—*Macon Tel.*

George, a negro of Virginia, died aged 120.

A female slave of F. Hurtell, of Mobile, died in October, aged 110.

Medicine Among the Northern California Indians.—Dr. Keeney, U. S. A., gives the following account of medical treatment among the California Indians:

"They neither resort to the animal, vegetable, nor mineral kingdoms for a cure. Their philosophy of disease seems to be based upon the idea that an evil spirit of some dead Indian steals into the body and locates itself, and wherever the pain may be, there this spirit is. Their system of therapeutics is perfectly comparable with their notions of pathology. Their doctors are always females, and none are called to practice except those who are commissioned as it were, by nature. When a young squaw happens to have a slight periodical hemorrhage from the mouth, or any other part than the natural channel, or, in other words, should have vicarious menstruation, she is the one who is forever afterward destined to heal the sick. The young squaw is not at all covetous of her calling; she dreads her profession, for, on her failing to effect a cure, she loses her life. Her art of cure consists in working herself up into a mesmeric or hysterical condition, and then making gentle passes with her hand over the diseased part, and, lastly, plunging her fists into the muscles of her prostrate patient, as if she really was determined to tear out and expel the dead Indian's evil spirit in good earnest. Then, again, the doctress throws herself into a gladiatorial position, being surrounded by a dozen or more bucks, who assist in the performance, by chanting and howling like so many demons, and then she throws herself with her whole might on her subject, clinching the part diseased, and if she is lucky, she drags out the evil spirit (with a portion of her patient's skin) and dashes it into a vessel of water, ready for that purpose. If the patient is satisfied that he is relieved of the dead Indian's spirit and the pain, all is right; but if the pain chances to return, the poor squaw loses her head under the tomahawk."

Ricord's Latest.—Ricord, who has for a long period kept up a syphilitic sensation throughout the medical world, without, as far as we have been able to see, much real gain to science, has a new freak in the treatment of gonorrhœa. It is the combination of tar with copaiba, and it is said that these offensive articles neutralize each other's tastes.

The London Chemical News states that hundreds of barrels of the clarified fat of horses are imported from Ostend to England, and sold in London for genuine butter. Pies and puddings made of such a savory substance must be very tempting to epicures.

"*Nothing New under the Sun.*"—A writer in *Chambers' Journal* cites numerous facts to show that many supposed modern "discoveries" are really "old inventions." He says:

"The Chinese, who seem to have hovered on the confines of innumerable discoveries, from the earliest period of their history, were familiar, even in ante-christian ages, with modes of treatment and remedial agents which have only found their way into European practice within the last thirty years.

"In regard to anæsthetics, the ancients knew far more than was known to modern nations till within the last quarter of a century, for the Egyptians and Greeks were acquainted with several substances which had the property of inducing insensibility to pain, by plunging those who partook of them into a lethargic sleep.

"According to some authorities, the great Descartes killed himself from too rigid an adherence to the homœopathic doctrine, that a disease should be treated by those agents which will produce analogous symptoms; for when he was attacked by a raging fever, he insisted upon taking large and repeated doses of alcohol—a mode of treatment which brought on violent hiccoughing, and speedily terminated in death

"The cold water cure had, however, a short-lived notoriety in Nero's time, when the Marseilles physician, Charmis, douched and drenched his patients most successfully with cold water, and in other respects prescribed medicines of treatment not in use among his contemporaries.

"Spirit-rapping can lay claim to an antiquity of several centuries in Europe. Animal magnetism, as is well known, was practised by the priesthood of Egypt and Greece from the remotest antiquity. Table turning was known to the Egyptian priesthood, probably from the earliest period of their sway; and from them the practice passed, in the course of ages, to the Romans, who, when the fashion of gyrating sieves had died away, actually took to *tripod-turning*, or, as we should now call it table-turning! This practice they pursued with such faith in the interpretations which they attached to the varied movements of the rotating sieves or tables employed in the process, that it evoked the bitter invectives of Tertullian, who thundered forth his anathemas against all persons who, "putting their faith in angels or demons, made goats and even '*tables*' prophecy to them." The ancients, however, did not employ table-turning as an amusement to while away an idle hour, but hedged it with religious ceremonies, and made it a grave and awe-inspiring element of their demoniacal worship.

"Father Kirchner, in speaking—two hundred years ago—of the magnetic force inherent in man, pretends that if a person were to place himself in a state of perfect equilibrium, in a light bark on the open sea, he would, like some new compass, be naturally disposed to turn his face toward the north pole. Our recent table-turners have asserted that this tendency to move toward the north has been observed to predominate, when once the turning tables had been put in motion."

A Mysterious Case.—A soldier in a Zouave regiment quartered at Algiers, aged thirty, was found on the 2d of January, 1860, dead drunk on an embankment near the railroad. When examined, it was found that the penis and testicles had been cut off in a very regular manner. A dog had been seen prowling about the man; the animal was shot, and in its stomach the glans penis was discovered. It would thus appear that the mutilation had been the result of the voracity of the dog, but various circumstances point to a villainous crime. The medical men instructed to report on the case state that the wound was perfectly clean and regular, and that the least trace of teeth and tearing was undiscoverable. One surgeon stated that both scrotum and penis must have been seized by the hand and severed with a sharp knife. The opening of the trowsers in front was buttoned; and in the stomach of the dog was found, besides some herbs and raw meat, a certain quantity of *sand*. It is thus supposed that the organs had been thrown on the sand and eaten up by the dog. The miserable wretch made a good recovery, and immediately took advantage of his mutilation to excite pity and collect money for drunken purposes. The inquiry set on foot has not led to any result, and the case could not therefore be brought before a court of justice.—*Lancet.*

To Restore Faded Flowers.—A correspondent of one of our daily newspapers, writing from Japan, says:—After a bouquet is drooping beyond all remedies of fresh water, the Japanese can bring it back to all its first glory by a very simple and seemingly most destructive operation. This fact he learned from a Japanese gentleman, who, seeing him about to throw away as useless what had been a beautiful bouquet, which had become faded, said to him, "Only put the ends of the stems into the fire, and they will be as good as before." I was incredulous; so he took them himself and held the stems' ends in the fire until they were completely charred. This was in the morning; at evening they were again looking fresh and vigorous, and have continued so for another week.

University of Louisiana.—The annual commencement of the medical department of the University of Louisiana took place on the 18th ult. The degree of Doctor of Medicine was conferred on *one hundred and thirty-five* graduates. The address to the graduating class was delivered by Prof. Richardson, and the valedictory address by Mr. John R. Hicks, of Mississippi, one of the graduates.

Poisoning by Arsenic from Colored Paper.—Dr. C. T. Jackson, of Boston, gives, in the Boston *Journal*, the analysis of the green coloring matter on a concert ticket which had been given to a child, and who sucked the poison from the surface. The coloring was, as is usual, Scheele's green, or the arsenite of copper, and weighed 1.48 grains.

The poison, which, if it had remained in the stomach, would certainly have proved fatal, was promptly dislodged by an emetic.

Dr. Jackson is aware of several instances of poisoning by inhabiting rooms in which the paper-hangings were colored with arsenical pigments. He says that it is uncertain whether the powdered pigment, which rubs off very easily, and is transported by the air, produced the poisoning, or that the effect was produced by the formation of the arsenite of hydrogen, which would form from humidity of the air, decomposing the paste and the arsenical compound, but it is certain that persons have been made very ill with symptoms of arsenical poisoning, by sleeping for a length of time in rooms lined with green paper.

Arsenical pigments may be readily detected by scraping some of it off and dropping it on the surface of burning charcoal, when the garlic odor will be sufficient evidence, or the metallic arsenic may readily be obtained by Marsh's test. Glazed visiting cards, which often get into the mouths of children, are deeply incrusted with white lead.

It is evident that some legislative action should make criminal the making or selling any articles for ordinary household use, which contain powerful poisons.

Sickness in Syria—The small-pox is prevailing in all parts of Syria. The French general has ordered the vaccination of his whole army. About forty men of the English frigate Doris have been attacked with the disease, and are placed in a hospital on shore. The crowded state of the cities, and the filthy habits of the refugees, together with the want of their usual household comforts, have rendered these thousands liable to every form of disease.

The insurrection last year, and consequent suffering in Syria, has attracted the attention of the civilized world to that country. The Protestant branch of the Knights of St. John, headed by Count Bismarck Bohlen, a gentleman of high character and attainments, has come with an ample staff of hospital nurses and assistants to labor in Syria. They will establish a temporary hospital in Sidon, and have laid the foundation of a permanent hospital in Beirut.

Sir Benjamin Brodie has had his sight so much improved, by the operations he has undergone, that he is able to write and to go about unattended.

MARRIED.

WAGENSELLER—SHOCK —At Selin's Grove, Pa, March 26, by Rev. F. Gearhart, B. F. Wagenseller, M. D., and Miss Maria A. Shock, both of Selin's Grove.

DIED.

FOUNTAIN.—On the 29th ult., at his residence, in Davenport, Iowa, E. J. Fountain, M. D., in the 33d year of his age.

Dr. Fountain was known to the profession of the country as an active and useful member of the County and State Societies of Iowa, and also of the American Medical Association. His contributions to the medical literature of the country are highly appreciated; as an evidence of which they have been largely copied into medical journals and standard works at home and abroad. His early death is a loss to the profession and science generally, and will be greatly deplored.

Under date of March 29th, a correspondent writes: "I have just left the bedside of our mutual friend Dr. Fountain, of Davenport. A carefully prepared report of his case, which possessed features of peculiar interest, will be furnished to the profession at his own request. In an hour hence we will have lost one of the brightest medical minds of the West—an accomplished gentleman, a sincere Christian. You will deeply sympathize with his friends here."

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COMMUNICATIONS RECEIVED.

Connecticut—Dr. R. G. Griswold, with encl.; Dr. G. A. Moody; Dr. H. R. Hart, with encl.; Dr. A. H. King, with encl.; Dr. M. White. *Delaware*—Dr. A. Mauck, with encl. *Georgia*—Dr. W. A. Love, with encl. *Illinois*—Dr. P. Gregg; Dr. A. D. Wilson; Dr. J. M. Mack. *Indiana*—Dr. W. Dickey; Dr. F. C. Eckleman, with encl.; Dr. L. D. Glazebrook, with encl. *Iowa*—Dr. John M. Adler. *Kentucky*—Dr. J. D. Jackson, with encl. *Louisiana*—Dr. G. W. Dirmeyer; Dr. N. B. Benedict. *Michigan*—Dr. W. J. McHench, with encl. *Massachusetts*—Dr. J. B. Brown, [2;] Dr. H. H. Mitchell, [2] *New Jersey*—Dr. H. Finch; Dr. E. Byington, with encl.; Dr. L. S. Blackwell; Dr. C. Taggart, with encl. *New York*—Dr. C. B. Hutchins; Dr. S. C. Pettingill, with encl.; Dr. E. B. Teft, with encl.; Dr. Weis, with encl.; Dr. J. R. Pratt; Dr. G. W. Barr, with encl.; Dr. R. B. Bontecou, with encl.; Dr. Peters. *Ohio*—Dr. W. Mollohan; Dr. G. Liggett; Dr. W. W. Holmes, with encl.; Dr. S. B. Himer, with encl.; Dr. W. Webster, with encl.; Dr. O. E. Davis; Dr. H. Culbertson; Dr. J. M. Weaver, with encl.; Dr. P. H. Clark; Dr. G. O. Hildreth, with encl.; W. S. Merrill & Co. *Pennsylvania*—Dr. J. N. Snively, with encl.; Dr. W. H. Worthington, with encl.; Dr. S. H. Harry, with encl.; Dr. B. F. Wagenseller; Dr. J. W. Potter; Dr. B. D. F. Baird, with encl.; Dr. J. G. West; Dr. R. Brown; Dr. F. H. Gross, with encl.; Dr. W. H. Seip, with encl.; Dr. J. R. Mason; Dr. A. R. Tyson, with encl.; Dr. H. P. Kay, with encl. *Rhode Island*—Dr. W. H. Wilbur, with encl. *South Carolina*—Dr. J. J. Wilson, with encl. *Tennessee*—Dr. J. T. Fort. *Wisconsin*—Dr. H. Adams, with encl. *Washington, D. C.*—Dr. J. M. Toner, with encl.

Office Payments—D. G. Hetzell, N. J.; Dr. J. Stokes, Pa.; Dr. J. R. Wells, Pa.; Dr. N. Pratt, Del.; Dr. E. Arthur, Pa.; Dr. J. D. Schoales; Dr. J. H. Simms, Del.; Dr. G. J. Stetler. By T. G. White: Mass.—Drs. W. Fitch, S. Owen, Hooker & Macomber, C. A. Beldin, and H. Jacobs. Connecticut—Drs. A. J. Spalding, D. S. Woodman, R. T. Chaffee, B. F. Harrison, N. Banks, R. F. Stillman, T. B. Snow, A. J. Jacques, A. S. Shoonmaker, A. K. Goolrich, and G. S. Platt. New York—Dr. James Bathgate. By Mr. Hulme: New Jersey—Drs. C. Garrison, S. T. Miller, W. Jackson, F. A. Cutter, and B. P. Howell. By Mr. Swain: Drs. W. Bunn, M. J. Asch, Granger, J. H. Wilson, Lybrandt, Manly, and T. G. Armstrong.